KNOWLEDGE OF RAPE, SELF-ESTEEM, AND GENDER:
BASES OF BLAME FOR FRIENDS OF RAPE VICTIMS

BY

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A DISSERTATION PRESENTED TO THE GRADUATE SCHOOL
OF THE UNIVERSITY OF FLORIDA IN
PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

UNIVERSITY OF FLORIDA

1985

participants for their willingness to be part of this project.

Over the past seven years, I have become involved with many women who have been victims of rape. These women's courage and insights have been the guiding force for this project.

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The crime of rape is a unique violent crime, because
the victims, not the offenders, are often perceived as the
causal agents and blamed for the rape. The types of
responses rape victims receive from significant others are
unclear due to a lack of empirical research. Behavioral and
characterological blame have recently been identified as
adaptive and maladaptive, respectively, coping mechanisms
for a traumatic event. The purpose of this study was to
determine the relative contributions of college students'
self-esteem, knowledge of rape, and gender to the variance
of those students' behavioral and characterological blame of
a friend who had been raped.

One hundred and fifty male and female college students
completed a series of testing instruments. The tests
included measures of self-esteem, blame, rape myth

acceptance, and a demographic information questionnaire which had personal and experiential questions about rape. Three different testing packets were developed and randomly distributed to the students to account for effects that might have been elicited from the presentation of the descriptive blame scale.

The results indicated individuals, who believed in rape myths, blamed the victims' behaviors and characters for the rape even if the victims were their friends. Surprisingly, gender, self-esteem, and prior knowledge of a rape victim did not significantly affect the amount of behavioral or characterological blame attributed to the victims. The results also indicated rape myth beliefs serve an adaptive function for friends of rape victims. Rape myths allow these individuals to establish cognitive control over the possibility of rape happening to them.

The manipulation of the test materials elicited significantly lower self-esteem scores for both genders in one group. An explanation for the lower self-esteem scores could be that a reaction effect occurred. It is hypothesized that a questionnaire of personal questions about rape followed by a self-esteem measure was viewed as threatening to participants' self-esteem.

A major implication from this study for counselors is the predictive utility of rape myths. These myths can now be assessed and used to plan cognitive therapeutic

intervention strategies in the treatment of victims and
their significant others.

CHAPTER ONE
INTRODUCTION

Statement of the Problem

The crime of rape, unlike other violent crimes, is
increasing in the United States. The 1983 Uniform Crime
Report statistics on forcible rape for the state of Florida
reports that for every 100,000 people, 33.57 were victims of
rape in 1982 (UCR, 1983). These statistics reach even
greater proportions when unreported rapes are considered.
The Federal Bureau of Investigation Uniform Crime Report
(1978) estimates that for every rape that is reported
approximately 20 are unreported. The sheer number of rapes
that are being committed, reported or unreported, is forcing
professionals and the public alike to become more aware of
rapes and their consequences.

The crime of rape is a unique violent crime, because
the victims, not the offenders, are often perceived as the
causal agents. The unusual phenomenon of the victims being
blamed for rape has a direct impact upon the underreporting
of rapes and the psychological trauma suffered by the
victims (Skelton & Burkhart, 1980). Blaming of the victim
is the result of numerous rape myths. Rape myths are often
translated into negative attitudes concerning rape

victims. Some examples of victim-oriented myths are as follows: it is the irresistibility of the victim that produces the rape; if you are going to be raped you might as well relax and enjoy it; no woman can be raped against her will; and women ask to be raped by their dress (Amir, 1971; Brownmiller, 1975; Campbell, 1975; Hilberman, 1977; Metzger, 1976). Burgess and Holmstrom (1974a, 1974b) feel incorrect and negative attitudes about rape are often transferred into unintentional, insensitive, and potentially harmful responses to rape victims.

Researchers have studied, documented, and stratified the traumatic reaction to rapes. Some initial manifestations of a rape may be fear, humiliation, degradation, guilt, shame, self-blame, mood-swings; as well as changes in life style, such as moving residences, staying at home, not wanting to be alone, and changing telephone numbers (Burgess & Holmstrom, 1974b, 1974c, 1976; Fox & Scherl, 1976). Rape victimization has ramifications for the victims which may effect the totality and quality of their lives. Severity of the trauma is influenced by many factors: the victim's age, coping skills, present level of stress and the reactions of people the victim trusts.

Responses to rape victims have several covert manifestations which effect not only the victims through psychological trauma, but also influence potential victims through victims not reporting the crime. The non-reporting

of rape leaves the offender free to continue to rape. The initial response provided to rape victims by people the victims have gone to for help is of crucial importance for the victims' recovery and willingness to report the assault (Binder, 1982a, 1982b; Dukes & Mattley, 1977; Feldman-Summers & Ashworth, 1981; Himmelfarb, 1980).

The high estimated number of unreported rapes makes it difficult for researchers to gain a complete picture of rape victimology. Experts in the field of rape victimology believe that most rape victims turn to their significant others, either family or friends, for assistance following a rape (Burgess & Holmstrom, 1976; Hilberman, 1977; Knopf, 1978; Norris & Feldman-Summers, 1981).

The types of responses rape victims receive from their significant others, or social support system, are an area that suffers from a lack of empirical research (Burgess & Holmstrom, 1976; Burt & Albin, 1981; Hilberman, 1977). Burt (1980) calls for a study to investigate the reaction of friends and families of unreported rape victims, their willingness to offer support services, and their attitudes toward the rape.

A social support system and its impact upon an individual's mental health have just recently begun to be explored in the literature. Caplan (1974) views social support as the mechanism that an individual utilizes for feelings of value, being worthwhile, and needed. A social

support system offers individuals feedback regarding events that have occurred in that individual's life to assist in problem-solving and mastery of life stressors (Caplan, 1981).

Social support as a buffer or moderator for people in a crisis situation is still being investigated both clinically and empirically (Hirsch, 1980; Leavy, 1982). A natural occurring social support system has recently begun to be examined in relationship to the development of adaptive coping for stressful situations. Numerous researchers have developed models and typologies to aid in an empirical analysis for understanding the role a social support system plays with respect to symptom development and illnesses (Beels, 1981; Caplan, 1974, 1981; Gottlieb, 1978; House, 1981). Significant others of rape victims and their reactions, attitudes, and rape myth beliefs are areas which have received little empirical attention in the research literature (Caplan, 1981).

Social support has been divided into two categorical distinctions: (a) the structure of a support system, i.e., density and multidimensionality of that network; and (b) the perceived social support, i.e., information and feedback, both emotional and behavioral (Procidano & Heller, 1983). Hirsch's work (1980) found that of five categories of perceived social support, cognitive guidance, defined as the provision of information or advice, or an explanation of

something troubling, was the most critical support offered to his population. Caplan (1981) developed four phases of successful stress mastery, with the first and most crucial phase being cognitive, goal-oriented, and problem-solving. Information giving and receiving appear to be critical to the development of stress mastery, for that reason, information concerning rape myths has been selected as a variable for this study.

Social psychology has begun to scrutinize the phenomenon of blaming victims, at least in part, for a crime's occurrence. The phenomenon of attributing responsibility to victims for an event is particularly evident when examining the crime of rape. Attribution theory is a vehicle to understand how the lay person offers explanations for events in their lives and is referred to by Heider (1944) as "naive psychology." The answer to the question of why some people experience a particular life event as traumatic and others do not, has resulted in an explosion of research (Leavy, 1982). Empirical work has centered around success/failure paradigms and traumatic life occurrences.

The issue of control and reduction of perceived vulnerability is central to an understanding of the adaptive function for attributions of self-blame (Janoff-Bulman, 1982). Lerner and his colleagues maintain people have a need to believe in a world that is just, so they can go

about their daily lives with a sense of trust, hope, and confidence in the future (Lerner, 1965a, 1965b, 1971, 1980). The just world theory has been offered as an explanation for the puzzling phenomenon of derogation of innocent victims found in research studies (Aderman, Brehm, & Katz, 1974; Jones & Nisbett, 1972; Lerner, 1980; Lerner & Miller, 1978). A sense of control in one's environment results in trust and confidence in the future as secure and free from harm. It is this sense of control that is threatened by the actual or observed experience of victimization. Blaming the victim for their misfortune may be viewed as a control-oriented adaptive function (Janoff-Bulman, 1982).

Janoff-Bulman (1979) states that victims engage in a process of self-blame that may take either of two forms: behavioral blame, blaming their actions, or characterological blame, blaming a flaw in their personality. The victims that engage in behavioral self-blame seem to recover quicker than those exhibiting characterological self-blame (Janoff-Bulman, 1982). The role significant others play in helping victims attribute rapes to events and not to their characters has not been studied.

Purpose of the Study

The purpose of this study was to determine the relative contribution of college students' self-esteem, knowledge of

rape (including scores on the rape myth acceptance scale,
personal knowledge of a rape victim, and number of friends
who are rape victims), and gender to the variance of those
students' behavioral and characterological blame of a friend
who had been raped.

Need for the Study

The key to comprehending the dynamics of rape
victimization may lie with an understanding of rape myth
components. Several researchers believe negative attitudes
about rape are responsible for insensitivity to the rape
victim's plight (Burgess & Holmstrom, 1974c; Burt, 1980).
More research has been recommended to gain an understanding
of the composition of rape myths and how they may interact
with behavior.

Feminist writers have begun to approach the problem of
rape attitudes from a sociological and political
framework. The women's movement gave women the freedom and
approval to discuss personal experiences with rape. It
seems that the symptoms of rape, the victims and their
resultant traumas were being identified, but the societal
causes were left unexplored. Rape went from being an
individual victim's problem to a societal problem.
Brownmiller (1975) calls for research to examine the violent
societal components of rape.

The issue of violence and rape has been studied by Burt via the variables of acceptance of violence within a personal relationship, belief in sex as an adversarial game and rape myth acceptance. The dependent variable in Burt's work was the definition of a particular situation as a rape. In the rape situations, Burt manipulated the variables of force and victim-offender acquaintance levels to define the subtleties of rape situations. Burt (1980) found the more individuals accept violence within relationships, the more they are likely to adhere to rape myths, and less likely to call a situation a rape. As a result of Burt's finding, more research was recommended concerning rape myth acceptance and rape victim's friends responses (Burt, 1980; Burt & Albin, 1981).

Janoff-Bulman (1979, 1982) investigated the self-blame process rape victims engage in following their victimization, correlating it with depression, self-esteem, and control measures. Janoff-Bulman and Wortman (1977) found that for paralyzed victims of freak accidents, self-blame was a predictor of good coping mechanisms for that victim. Janoff-Bulman (1982) hypothesized self-blame serves an adaptive function of victimization and that self-blame could be divided into two distinct types: behavioral and characterological. Behavioral self-blame allows the victim to blame some action or event over which there is perceived control, e.g., the victim should not have hitchhiked; and

characterological self-blame occurs when the victim blames a character "flaw" in which there is little perceived control, e.g., "I am a bad judge of character."

Janoff-Bulman (1979) found self-blame to be two distinctly different self attributions with behavioral self-blame an adaptive coping mechanism related to control issues and characterological self-blame a maladapted coping mechanism related to esteem. In a later study examining esteem and control for victim and observer conditions, Janoff-Bulman found behavioral self-blame adaptive for victims with both characterological and behavioral blame adaptive for observers (1982). Perceived vulnerability is the rationale used to explain the results of characterological and behavioral blame attributions being associated with high self-esteem for observers (Janoff-Bulman, 1982). Further research has been called for to examine the empathic observers' attribution of blame for rape victims (Janoff-Bulman, 1982).

Self-blame has been generally related to a maladaptive etiological mechanism which employs harsh self-criticism and feelings of low self-worth (Beck & Beck, 1972; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961). The relationship between depression and self-esteem has been shown to be an inverse one. The self-blame explanations offered by Janoff-Bulman are suggested to solve the depression paradox of blaming one's self for events beyond one's control which lead to the

depression. Since self-blame is offered as a correlate of depression, work with self-blame has historically utilized a depression and/or a self-esteem inventory. The findings have illustrated that characterological self-blamers have higher scores of depression than do behaviorial self-blamers (Brockner & Guare, 1983; Janoff-Bulman, 1979, 1982; Peterson, Schwartz, & Seligman, 1981).

Gender has begun to be investigated as a possible explanation for rape myth acceptance and victim blame. The effect of gender was examined initially as producing a main effect, with females tending to blame the victim significantly less than the male subjects. This gender difference extends into basic differences between methods each sex deem appropriate and necessary to safely thwart a rape event (Burt, 1980; Deitz, Blackwell, Daley, & Bentley, 1982; Krulewitz, 1981, 1982). Gender also interacts with a number of variables, such as feminism (Krulewitz & Nash, 1979); dogmatism (Thornton, Rychman, & Robbins, 1982); and character and behavior of victims (Luginbuhl & Mullin, 1981).

According to some researchers, rape victims are most likely to turn initially to boyfriends for comfort following a rape (Feldman-Summers & Ashworth, 1981; Hilberman, 1977). If a gender difference is operating as Krulewitz (1982) found, it is conceivable that a male may unintentionally be a catalyst for further traumatic

reactions. The role gender plays is still unclear and many researchers suggest that more research be conducted to investigate whether gender's effect is an interactive or a main effect (Cann, Calhoun, & Selby, 1979; Fulero & DeLara, 1976; Krulewitz, 1982; Thornton, Rychmann, & Robbins, 1982).

Significance of Study

The results of this study will assist professionals who counsel rape victims and their significant others. Counselors will have information which will assist in therapeutic reframing of the rape experience for both the victim and their social support system. The reframing process will have a direct impact both emotionally and behaviorally. The reframing will target the issue of control over one's life and behavior which manifests such control.

Researchers will gain a more comprehensive understanding of how an individual's self-esteem, gender, and adherence to myths about rape may interact or predict attributions of blame for rape victims. Currently, there is no research which examines the effect rape myths may have on attributions of blame, either behavioral or characterological. There is a paucity of research that examines the effect self-esteem has on blame attributions (Janoff-Bulman, 1982). There is currently no study which examines the effect information, in the form of rape myths,

has on blame attributions. This study will examine self-esteem, knowledge of rape, gender, and behavioral and characterological blame to determine if there are any main or interactional effects among these variables.

Information of this type will assist counselors with understanding which variable, if any, might be targeted to affect change in a reframing of blame attributions. The results of this study will add to the body of knowledge of attribution of blame through another test for effects and interactions of gender and self-esteem, plus the addition of the variable of information.

The results of this study will offer trainers who work with rape victims and their significant others tangible data and instruments from which to design their training and counseling intervention strategies. These same data may be utilized as potential screening devices for trainers.

Definition of Terms

For the purpose of this study, the terms below will be defined as follows:

Behavioral self-blame: A belief that an event could be avoided if certain situations were not present and that an individual has control over those situational characteristics.

Blame: The function of holding a person accountable for an event's occurrence.

<u>Characterological self-blame</u>: The belief that an event's
  occurrence is directly attributable to the victim's
  personality which is unalterable.

<u>Friend of a rape victim</u>: A close person that a rape victim
  will turn to for assistance following a rape.

<u>Knowledge of rape</u>: The combination of one's score on a rape
  myth acceptance instrument, knowledge of a rape
  victim, and the number of friends who are rape
  victims.

<u>Rape</u>: A forced, violent crime utilizing sex against a
  person's will and without the person's consent.

<u>Rape myth acceptance</u>: The acceptance of statements about
  the crime of rape that are not supported by the facts
  of the crime.

<u>Self-esteem</u>: The belief of one's self and self-respect as
  measured by their score on a self-esteem instrument.

<u>Organization of Remainder of Study</u>

  The remainder of this study is organized into four
chapters. The pertinent theoretical and research literature
regarding attribution of responsibility or responsibility
theory, rape myths and trauma, learned helplessness and
self-blame, and gender are reviewed in Chapter Two. The
research hypotheses, population and sample, instruments,
procedures, analysis of the data, and the limitations of the
study are described in Chapter Three. The results of the

study and a discussion of those results are presented in Chapter Four. The conclusions, implications, summary, and recommendations for further research are discussed in Chapter Five.

CHAPTER TWO
REVIEW OF RELATED LITERATURE

Chapter Two presents a review of the relevant theoretical and research literature regarding attribution of responsibility theory; rape myths and trauma, learned helplessness and self-blame, social support; and gender.

Attribution of Responsibility Theories

Attribution of responsibility theory is an extension of Heider's attribution theory. Attribution theory examines the process people utilize for evaluating other's behaviors and events. When Heider (1944) first identified attribution theory, it was referred to as a form of naive psychology. A stage model was adopted by Heider (1958) to classify and clarify criteria which naive observers may employ when determining attribution. The five stages of attribution arranged in an ordinal manner from primitive to sophisticated are association, causality, foreseeability, intention, and justification.

The classic and most extensive study utilizing Heider's model was performed by Shaw and Sulzer (1964). The subjects examined in Shaw and Sulzer's study were six to nine year olds and college students. These students were chosen to

specifically examine the developmental nature of Heider's model. The findings supported the contention of the model being developmental for those age groups.

Alternate explanations have found methodological weaknesses that confound the results of Shaw and Sulzer's study (Aderman, Archer, & Harris, 1975; Deming & Eppy, 1981; Miller, Smith, Ferree, & Taylor, 1976; Tetlock & Levi, 1982). Some of these weaknesses were the wide range of ages, method of group testing, and the perceived ambiguity of the term responsibility for the younger subjects (Finchman & Jaspers, 1979; Harris, 1977).

For the present study, the most pertinent research surrounding Heider's model is the adaptation of Heider's levels as rule sets for the judging of responsibility. The levels as rule sets for the assignment of attributions have been researched on a limited scale (Fishbein & Ajzen, 1973; Hamilton, 1978; Kelley, 1971, 1980; McArthur, 1972; Vidmar & Crinklaw, 1974). Fishbein and Ajzen have developed a model utilizing Bayes' theorem for a quantitative analysis of the attribution process. A limitation of Fishbein and Ajzen's work is the neglect of extending their model to the responsibility dimension of the attribution process. The only attention Fishbein and Ajzen (1973) direct to the issue of responsibility is a critical analysis of the defensive attribution research.

A realization that attribution theory and attribution of responsibility theory may indeed be different is beginning to emerge. This difference is manifested through examination of the central concepts of each theory. Attribution theory's core concept is the distinction between intentions, disposition, and behavior; whereas attribution of responsibility's central concept is the distinction between action and outcome (Fincham & Jaspers, 1979). This insight assists one in understanding these two intertwining theories. The two major theories of responsibility attribution presented in this review are Lerner's Just World Hypothesis and Shaver's Defensive Attribution Theory.

In 1965, Lerner found people need to have a fit between what they do and its outcome. Lerner (1965a, 1965b) uses this fit as an explanation for the derogation his subjects performed upon innocent subjects/victims (1965). Lerner performed an experiment in which 72 female undergraduate students viewed another female being shocked as a result of a paired associate learning task. The subjects rejected or devalued the victim when they believed they would continue to see the victim suffer in another session; or when they were powerless to alter the victim's fate. When the victim was viewed as a martyr, the devaluation and rejection were stronger (Lerner & Matthew, 1967; Lerner & Simmons, 1966). This experiment led to the formulation of the Just World Hypothesis.

The central concept of the Just World Hypothesis is people have a need to believe the world is a fair and just place to live in; therefore, their actions/behavior will result in certain fair consequences, i.e., a just world. The belief in a just world allows for a long range goal formulation, a socially regulated daily life, and the observation and evaluation of others' actions. A seemingly unfair consequence is "justified" through the vehicle of "victim blame."

Blame for a seemingly unfair outcome is shifted to focus on the victim, thereby returning control for life and its perceived fairness back to the individual (Lerner, 1965b). Since the Just World Belief is an important adaptive one, people will undergo much cognitive stress to maintain it. Two methods of restoration of justice out of injustice are to derogate an "innocent" victim or to compensate the victim. Therefore, a "good" person may deserve a "bad" fate, through that person's carelessness or foolishness; this belief results in a restoration of justice (Godfrey & Lowe, 1975; Rubin & Peplau, 1975).

The Just World Hypothesis has received much research attention (Aderman, Archer, & Harris, 1975; Aderman, Brehm, & Katz, 1974; Bolt & Caswell, 1981; Lerner, 1980; Sorrentino & Boutilier, 1974; Tetlock & Levi, 1982). Some of the more recent investigations have begun to criticize Lerner's experimentation. One of the most recurring critiques is

that empathy may be a moderating variable and that Lerner's experiments utilized empathy inhibiting instructions (Cialdini, Kenrick & Hoerig, 1976; Tetlock & Levi, 1982).

Other work regarding similarity to the victim and the observer or evaluator of that victim's fate, have found a sympathetic reaction, not derogation effect (Chaikin & Darley, 1973; Fulero & DeLara, 1976; Gold, Landerman, & Bullock, 1977; McKillip & Posovac, 1975). The Just World Hypothesis needs more investigation into empathy and other variables that possibly have a moderating effect upon the derogation process (Lerner, 1980).

The last responsibility attribution theory to be presented is defensive attribution. Walster (1966) in an examination of accidents, found that severity of the "crimes-accident" had a main effect for the attribution of responsibility process. Walster (1966) found the greater the consequences of an accidental occurrence, the greater was the tendency of the subject to assign the responsibility to some appropriate person. When the severity of the accident increases, the victim would be assigned directly proportional responsibility for the accident's occurrence (Walster, 1966).

Using Walster's model, Shaver (1970) found that perceived similarity, in conjunction with heightened probability of the same fate, created lesser attribution or responsibility. Avoidance of blame for the accident thus

appeared to be more important to observers than avoidance of the accident's occurrence (Shaver, 1970). Other researchers have utilized the defensive attribution theory for explanations of their research findings (Alexander, 1980; Fulero & DeLara, 1976; Gold, Landerman & Bullock, 1977; Luginbuhl & Mullin, 1981; McKillip & Posovac, 1975; Seligman, Brickman, & Koulock, 1977).

Confusion over terminology and attribution of responsibility research has made it difficult to accurately interpret empirical findings and build a cohesive framework. Researchers are identifying subtle differences among the terms responsibility, blame, and fault, that have to date been investigated interchangably.

The first study in this area was accomplished by Krulewitz and Payne (1978) who found a difference between blame and responsibility occurring for their subjects, while investigating assailant force, victim resistance, and sex-role stereotyping. For a more thorough examination of these differences in terminology, Krulewitz and Nash (1979) examined 117 female and 112 male undergraduate students in an introductory psychology course using independent variables of victim resistance, assault outcome, and sex of subject in a rape case scenario with a 3 X 2 X 2 factorial design.

The dependent measures were identification of a rape, prison term for the assailant, extent of agreement with the

attributions made of the outcome; blame; fault; and determinants of the assailant. Questions for blame, fault, and responsibility were presented separately enabling a method of assignment for each of those terms independent for the other terms. A Pearson Product Moment correlation analysis found the degree of correlation only moderately high. Further analysis yielded subtle differences between the concepts. This information needs further quantitative examination (Buss, 1978; Finchman & Jaspers, 1979). The terminology utilized to operationalize the variable of responsibility attribution should be generalized with caution.

Attribution of responsibility research has developed in different directions; from work with accidents, through success-failure paradigms. There is much confusion over definitions of key terms, leading to conflicting and sometimes meaningless research work. Recent attribution theorists have identified difficulties and suggested work to clarify these areas for a more cohesive and sound theory (Buss, 1978; Feldman-Summer & Ashworth, 1981; Finchman & Jaspers, 1980; Krulewitz & Nash, 1979; Seligman, Brickman & Koulack, 1977).

Rape Myths and Trauma

The uniqueness of the crime of rape stems from its strong mythological component. Some examples of these myths

are every woman secretly desires to be raped and women ask to be raped by the way they dress and behave. These myths focus responsibility for the crime's occurrence upon the victim's, not the assailant's, behavior. The rape victim, however, is not the only victim of these myths; they surround and indict the entire female population (Clark & Lewis, 1977; Gager & Schurr, 1976; MacKellar, 1975; Rabkin, 1979; Riger & Gordon, 1981).

The pervasiveness of these myths has been traced to the sheer length of time of their operation. Brownmiller's (1975) now classic examination of rape contends that the treatment of women in prehistoric times was the breeding ground for rape. Brownmiller contends women were often victims of torturous rapings by male tribal members. To alleviate raping, a woman would become the property of one male tribal member, whose role was to protect her from the other members of the tribe. Eventually, women were viewed as property to be exchanged on the marriage and labor markets. Virginity was one of the major bartering features of the female. If she was no longer a virgin, she became damaged or spoilt merchandise and not able to command a "good price." The philosophy of a raped woman being damaged goods is sadly still prevalent today in individuals' attitudes concerning rape (Amir, 1978).

Despite the impact of the feminist movement to educate the public concerning rape, rape myths are pervasive and

slow to change. Wisan (1979) scrutinized the treatment of rape in criminology textbooks finding coverage scarce; where coverage was found, it was often blatant in purporting rape myths such as "women want to be raped, a woman cannot be raped against her will, and rape charges are usually false." Historically and currently, rape myths operate to keep women dependent, passive, and silent about rape. Women who have been raped have been put into a "no-win" situation through the mythological aspects of rape. Literature currently illustrates that, despite what the victims may have done or what their lifestyle may be, they are still perceived to have somehow been the catalyst for the rape.

The classic study of victim respectability and attribution of fault to a rape victim was conducted by Jones and Aronson (1973). A population of 234 male and female undergraduates were used with the variable of victim character manipulated through marital status with married, virgin, or divorcee conditions. Other manipulative variables were rape conditions with attempted and completed rape and finally, attribution of fault was examined through the amount of responsibility placed on the assailant, and the amount of fault attributed to the victim. Each respondent was given a case account, randomly distributed, which was followed by a typed "police description" of the victim and of the defendant. At the end of this case account was a question to answer which concerned the number

of years the defendant should receive with a scale of "less than one, two, more than 40" with five year intervals marked.

When the subjects had completed that task, the case accounts were collected and a second page was distributed which contained five questions. Four of the five items were filler items concerning the evidence in the case accounts, the fifth question was "How much do you consider the crime to be the victim's fault?" which was answered by circling a number on a 21 point scale of negative 10 to positive 10. The results found more fault attributed to the married and virgin conditions than the divorcee condition. Interestingly, there was no significant difference found for the attempted rape and completed rape scenarios across conditions.

A recent replication study was conducted by Luginbuhl and Mullin (1981). These researchers conducted two sequential and similar experiments designed to examine the complexities of victim blame, specifically the victim's character, victim's behavior, chance, overall attribution of blame to the victim and, finally, to examine any moderating effect the gender of the subject might have with the assignment of victim blame. Experiment One had a 130 male and female subjects, while Experiment Two surveyed 56 males and females. The difference for Experiment One and Two was the description of victim respectability, with Experiment

One having three levels of respectability and Experiment Two
having two levels. Each experiment had eight dependent
measures designed to assess victim blame: (a) a check on
the perceived respectability of the victim, (b) degree of
behavior blame for the victim, (c) degree of character blame
to the victim, (d) chance blamed, (e) overall victim blame,
(f) liking of the victim, (g) amount of psychological damage
attributed to the victim, and (h) whether the victim was a
good or bad person (Luginbuhl & Mullin, 1981).

The findings were consistent with other studies
(Feldman-Summers & Ashworth, 1981; Kerr, 1978; Kerr & Kurtz,
1977) but did not replicate Jones and Aronson's (1973)
findings of more blame being placed upon the respectable
victim. On all eight dependent measures, the victims were
attributed more blame when male subjects compared to female
subjects assigned blame. From the studies that have been
performed to date, it may be concluded that victim character
and respectability do have an effect which may be a gender
dependent one, when an individual assesses a rape situation.

A comprehensive study conducted by Burt and Albin
(1981) combined several factors to examine the complexities
of rape definitions. These researchers reasoned rape
definitions would be influenced by rape myth acceptance,
acceptance of interpersonal violence, and adversarial sexual
beliefs. Victim-offender acquaintance levels, force of
offender, and victim reputation were manipulated to offer a

broad range of rape situations and combinations of factors
suspected to influence rape definitions.

The subjects for the study consisted of 598 Minnesota
adults randomly selected and personally interviewed. Narrow
or restrictive definitions of rape occurred when subjects
held high scores on the rape myth acceptance scale and
degree of acceptance of interpersonal violence had a direct
predictive effect on subjects' rape myth acceptance. Rape
myth acceptance in turn had a direct negative correlation
with willingness to convict an assailant of a crime. It
would seem from the research to date, that the greater the
belief in rape myths, the more people are restricted in
their definitions of a rape situation and the more
responsibility is placed on victims of the rapes.

Psychological Reactions to Rape

A voluminous amount of literature has appeared within
the last decade and a half offering counselors and other
professionals stage models for use with rape victims in
counseling paradigms. Sutherland and Scherl (1977) looked
at patterns of response among victims of rape in a global
manner. Notmer and Nadelson (1976) examined victims and
their psychodynamic forces. The most extensive examination
of rape victims and what they are experiencing is offered
through the work of Burgess and Holmstrom (1974a, 1974b,
1974c). Burgess and Holmstrom are by far the leaders in the

field of identifying and offering treatment modules for rape victims.

Burgess and Holmstrom's work with rape victims has resulted in a phenomena they label the rape trauma syndrome. These researchers evaluated 92 adult rape victims examined in an emergency room in a major Boston hospital. The rape victims were followed for one and a half years after their initial visits, and the rape trauma syndrome was developed from this research. In 1979, Burgess and Holmstrom completed a six year follow-up with the initial patients evaluated in 1972 providing a longitudinal component to their research. The rape trauma syndrome is divided into two major divisions: the acute-disorganization phase and the long term-reorganization phase. Victims may express compound reactions; these victims, however, have had a poor history of psychiatric disorders (Burgess & Holmstrom, 1974b).

The acute-disorganization phase is subdivided into the expressed and controlled modes of emotional reactions. The physical reactions usually are general soreness, sleep pattern disturbances, eating pattern disturbances, indicative of depression, and symptoms specific to the focus of attack, i.e., if oral intercourse occurred, the victim may have an irritation to the mouth and throat areas manifested perhaps in difficulty with swallowing. The emotional reactions most common during this phase are fear,

depression, humiliation, degradation, guilt, shame, self-blame, mood-swings, in an attempt to either block it from consciousness (controlled state) or ventilate it (express state). This phase will normally last for several weeks after the assault.

The next phase of the rape trauma syndrome, according to Burgess and Holmstrom, is the reorganization phase which is characterized by changes in lifestyle. These lifestyle changes may be moving residences, staying at home, not wanting to be alone, and/or changing telephone numbers. The important factors in this stage are the support system of the victim, and the personality style or coping behavior the victim has developed (Burgess & Holstrom, 1974a, 1974b, 1976).

Perhaps the most prevasive reaction of a rape victim is the feeling of fear. The manifestation of this fear may include many adjustment problems which prohibit the victims from experiencing their lives at the same quality level as prior to the rape. Common long-term adjustment problems include increased fear of the streets, increased negative feelings toward men (known and unknown), decreased societal activities, adverse changes in sleeping and eating, worsened sexual relations, increased fear of being alone, worsened heterosexual relations, increased nightmares, increased insecurities concerning sexual attractiveness, and worsened relationships with family members (Burgess & Holmstrom,

1974a, 1974b, 1976; Rabkin, 1979; Suarez & Gullop, 1979; Symonds, 1976). The act of rape impacts significantly upon the victim's sense of trust and self.

Social Support

Rape victims often turn to friends and family for comfort and support after their victimization. The type of responses victims' receive from their friends is an area of rape research that has been neglected. The literature reflects a limited number of studies which address the area of friends and families of rape victims (Burgess & Holmstrom, 1976; Hilberman, 1977; Knopf, 1978; Norris & Feldman-Summers, 1981; Silverman, 1972). Articles which explore the issue of significant other reactions to rape victims are consistently theoretical or clinical with little or no empirical research to support or reject the represented notions.

Psychosomatic medicine has long had as its central concept the relationship between stress and illness (Holmes & Masuda, 1974). The reason some people who experience high degrees of stress may not fall ill, while others who experience minimal amounts of stress do fall ill, is a puzzling phenomenon for which social support has begun to be offered as a partial solution.

The President's Commission on Mental Health (1978) recommended more research into the relationships between

stress, mental health, and social support. Since that time, much research has been done without a cohesive framework or theory to direct the work. The result is diversity, inconsistency and unclear findings (Leavy, 1982). To date, Leavy (1982) is the sole researcher who has reviewed the existing literature on social support and mental health in an attempt to offer a direction for future research.

Social support has recently begun to be investigated as a moderator or buffer against the development of depressive reactions to life's stressors. Cassel (1974, 1976) originally identified the value of a social support system and an individual's health. Since that time, numerous definitions of social support have arisen which range from the vague definition of Beels (1981), "Whatever factors there are in the environment that promote a favorable course of the illness," to a typology developed by Gottlieb (1978) which specifies situations that are viewed as socially supportive.

Caplan (1974) states a social support system is an enduring pattern of continuous or intermittant ties that play a significant part in maintaining the psychological and physical integrity of the individual over time. Later, Caplan (1981) developed a stage model which illustrates how an effective social support system assists an individual in mastery of responses to stress. Caplan offers cognitive guidance, feedback, and a third variable, that of

instrumental support, such as child care or money, as important social support provisions.

Gottlieb (1978) in the sole attempt to examine natural support sytems has offered a study that utilizes welfare mothers as subjects. This study yielded a classification system based upon informal helping behaviors that have been organized into four main categories. The largest category of support is the "emotionally sustaining behavior"; the next largest category of behaviors is "problem-solving behaviors." Two smaller categories are indirect personal influence (conveying to another that one is available) and environmental action (actually directly intervening to assist with the diminishing of stress). As is evidenced through the largest category of behaviors, the most important and often utilized category is that of emotionally sustaining behaviors.

House's (1981) typology also employs four categories and is a good balance between comprehensiveness and specificity. The support behaviors are (a) emotional support, which involves trust, caring and empathy; (b) instrumental support, which includes helping others do their work, lending money, etc.; (c) informational support, which means giving information or teaching a skill which can provide solutions to a personal problem; and (d) appraisal support, which involves information that helps one in evaluating personal performance. These categories are

intertwined and not viewed as independent entities. The natural occurring support system (NSS) has been found through Hirsch's work (1980) to be the chief factor to moderate relationships between life change and symptom development. There, however, is little empirical support for the efficacy of NSS in the coping process (Leavy, 1982).

Researchers have sought to develop better models which classify the structure of the NSS. Defining social support via its structure and its activities underscores the fundamental and essential issue of the existence of that support system. Hollahan and Moos (1982) suggest researchers abandon the concept of social support and utilize social network analysis. Social network refers to an individual's membership in a group of people and the links of those people. Measurement of the network is accomplished through examination of the density and the multidimensionality of the network. Research with social network is in its infancy and results are conflicting (Leavy, 1982).

One of the most valuable functions a social support system can offer an individual in the acute phase of a crisis is cognitive guidance or information. Caplan (1981) states that the crucial task in the first phase of mastery of a stress event, is a cognitive task. This is the phase where problem-solving is accomplished and it occurs when the individual is less able to effectively deal on a cognitive

basis combined with a decreased self-esteem. This initial
phase is when an effective support group or social network
which provides cognitive guidance is the most crucial.

Hirsch (1980) examined relationships between social
support, mood symptomatology and self-esteem, with twenty
recent younger widows and fourteen mature (age thirty or
over) women returning to full-time undergraduate study. The
findings yielded a low density, multidimensionality support
system as the most adaptive support system, with cognitive
guidance defined as the most crucial function of that
system. The efficacy of social support and the decrease in
symptomology has been illustrated most effectively through
comparison studies of clinical and nonclinical
populations. The majority of empirical studies have
examined the illness of depression with a few studies
examining schizophrenia and social support.

Henderson, Bryne, Ducan-Jones, Adcock, Scott, and
Steele (1978) compared fifty nonpsychotic outpatients with
fifty "normals" matched for age and gender on the available
and perceived social support offered these individuals. The
findings showed the nonpsychotic outpatients had smaller
support systems than the normal and their perceived level of
support was lower.

In an exhaustive and comprehensive study, Froland,
Brodsky, Olson, and Stewart (1979) compared thirty
individuals from the general population with thirty state

hospital patients, twenty patients in day treatment and twenty-seven outpatients. Several measures of support were examined and evaluated: the size of the support system, its perceived helpfulness, the nature of the supportive relationships (involving one-sided or mutual exchanges), the density of the support, and the support of others. In general, the findings concluded less available and perceived helpful support as characteristic of the clinical population. Research results are consistent in finding a significant difference between the social support of clinical and nonclinical populations. Nonclinical populations have more dense and perceived effective social support available to them, than do the clinical populations.

The buffering or moderating effect of social support upon depression or illness symptomatology has been studied by Brown and others for over a decade. In 1975, Brown, Bhrolchain, and Tirril reported that among women the single most powerful factor, which mediated a negative life event in depressive symptomatology, was the presence of an intimate, confiding relationship with a boyfriend or husband. Women without an intimate relationship, who experienced life's stress, were almost ten times more likely to manifest serious depression than those similarily stressed with a confidante. This study led to a series of studies involving depression and a confiding relationship. Miller and Ingham (1976) compared depressed and nondepressed

married women, finding the major difference to be the quality of the confiding relationships of the husbands. In four studies (Paykel, Emms, Fletcher, & Rassaby, 1980; Roy, 1978; Slater & Depue, 1981; Surtees, 1980), it was found having a confiding relationship, regardless of gender of the confidante, correlated with reduced depression.

Studies from the general population, in comparison with the clinical population, find clinical populations have different social support available or perceived available to them. The availability of a confiding relationship has been found to have a positive effect with decreased depressive symptomatology. The effect of social support, as a buffer or moderating variable, is still inconclusive. Some researchers have begun to examine individual differences in the mobilization of social support systems as a moderator for stressful events (Antonovsky, 1974; Dean & Lin, 1977). The specific circumstances under which personality may mediate stress is unclear. A number of authors have noted that the study of personality together with social support has been a neglected area of stress research (Mitchell & Trickett, 1980; Sandler & Lakey, 1982; Wilcox, 1981).

The personality variables that have been scrutinized most frequently are locus of control, depression, and self-esteem. A study by Pearlin and Schooler (1978) found positive self-concept and a belief that one is in some degree of control over the sources impinging on one's life

were effective mediators of stress. Dohrenwend and Martin
(1979) contend that a positive self-concept is likely to
assist people with the feelings that they can "handle"
stressful situations and would be less likely to attribute
to themselves some negative characteristic because of the
stressful life event. The area of self-concept as a
mediating variable for the negative impact of stress is
currently being examined. Self-concept, via the construct
of self-esteem, has been found to directly impact upon rape
victim's coping of the rape event (Janoff-Bulman, 1979,
1982) and will be addressed under the self-blame section of
this review.

Learned Helplessness and Self-Blame

Learned Helplessness

The learned helplessness phenomenon first witnessed in
animal research has recently been offered as an explanation
for certain manifestations of human reactive depression. In
1983, two of the major developers of learned helplessness
theory utilized the theory to assist with understanding
passive victim responses, especially rape victim responses
(Peterson & Seligman, 1983). The rape trauma syndrome
identified through Burgess and Holmstrom's (1974a, 1974b,
1974c) work outlines a response pattern characterized by
passive, fearful, depressed behavior on the part of the
victim. The rape event is uncontrollable and extremely

adversive. Parallels of human victims to laboratory findings of animals' behavior when confronted by uncontrollable, adverse stimuli are striking enough to warrant learned helplessness as a possible explanation of human victim responses.

Learned helplessness theory has undergone much investigation and some change since its inception in 1975. The major tenet of the learned helplessness theory proposes that uncontrollable, aversive stimuli set up expectations of response-outcome independence which generalize to new situations and produce deficiencies. Three deficiencies appeared to be manifested in the original work with animals. The first deficit was motivational and expressed through few attempts to escape the adverse situation. The second deficit was a cognitive one which was manifested through the animals failing to learn from the occasional successful attempts to terminate the aversive stimuli. The third deficit was emotional and was displayed through passively enduring the aversive stimuli, in the original work, that stimuli was electric shocks (Seligman, Paschall & Takata, 1974).

In 1978, Abramson, Seligman, and Teasdale reformulated the learned helplessness theory. The original theory did not account for the differences in chronicity and pervasiveness of helplessness and depression. The reformulated learned helplessness theory (RLHT) operates on

the basic premise that when people face uncontrollability, they ask themselves, "Why?" and their answer affects their response to the uncontrollable event.

An examination of the why of an event leads to attributional dimensions being identified and incorporated into the theory. Three attributional dimensions were identified: internal/external, stable/unstable, and global/specific attributions. Each of these dimensions has assigned particular roles; self-esteem is assigned to the internal/external dimension; chronicity to the stable/unstable dimension; and pervasiveness to the global/specific dimension. The dimensions identified are offered as explanations for the cause of an uncontrollable event. First, the cause may be something about the person (internal) or the situation (external). Second, the cause may be something that will persist across time (stable) or be short-lived (unstable). Third, the cause may be likely to affect a variety of events (global) or be limited to the question (specific). The degree of perceived helplessness and depression which an individual incurs is directly influenced by the attributions made along each of the three dimensions. Learned helplessness is offered as an explanation for depression and passive responses.

Self-Blame

One of the major symptoms of depression according to Beck et al. (1961) is self-blame. Depressive individuals engage in a process whereby they blame themselves for uncontrollable events that may have precipitated the depression, commonly referred to as a depression paradox. This self-blame is offered as a symptom and a maladaptive response to depression (Beck et al., 1961). Janoff-Bulman (1979) feels self-blame is a possible resolution to the depression paradox. Janoff-Bulman (1979) in an investigation with rape victims has called for research to realize that self-blame may not always be an internal attribution for an uncontrollable event. Janoff-Bulman hypothesizes that self-blame is divided into characterological and behavioral self-blame. Behavioral self-blame is external, specific, and unstable, utilizing the reformulated learned helplessness theory dimensions. Behavioral self-blame is an adaptive response to an uncontrollable event, since it will allow the individual to view the events as situation-specific.

On the other hand, characterological self-blame is viewed as internal, global, and stable. The uncontrollable event was caused by something about the individual that is beyond that person's control, i.e., "a flaw" in their personality. Characterological self-blame is a maladaptive response of depression and helplessness. Janoff-Bulman

(1979) formulated this theory of self-blame as an adaptive coping mechanism initially when she found paralyzed freak accident victims who engaged in self-blame were less symptomatic than those who did not engage in self-blame (Bulman & Wortman, 1977).

The pervasiveness of self-blame which rape victims engage in has been well documented on rape (Burgess & Holmstrom, 1974a, 1974b, 1976). Although fear is the primary reaction to rape, self-blame may be second only to fear in frequency of occurrence and more common than anger (Janoff-Bulman, 1979). Another common reaction to rape is the feeling of loss of control over one's life (Bard & Ellison, 1974). These two peculiar aspects of rape lend themselves well to examination of self-blame.

Janoff-Bulman (1979) conducted two studies to ascertain self-blame as two distinct components of the blaming process and their relationship with depression, locus of control, and self-esteem. The first study utilized 129 undergraduates who completed three personality measurements: Zung Self-Rating Depression Scale, Revised Janis-Field Feelings of Inadequacy Scale, and Rotter Internal-External Locus of Control Scale. After completing the personality questionnaires, the students were asked to read scenarios and respond to five blame questions.

When self-blame was treated as a single entity, no differences were found between depressed and nondepressed

students. However, when self-blame was divided into two
types, behavioral and characterological self-blame,
differences between the depressed and nondepressed groups
emerged. The depressed students differed significantly on
characterological self-blame. Another result found
depressed students more external and had lower self-esteem
than nondepressed students. While it may be possible to
blame one's behavior without blaming one's character, it is
perceived as difficult to blame one's character without
blaming one's behavior. These findings regarding subjects
who blame themselves characterologically also engaging in
behavioral self-blame, have been found in other studies
(Brockner & Guare, 1983; Miller & Porter, 1983; Peterson,
1979; Peterson, Schwartz, & Seligman, 1981).

In Janoff-Bulman's second study (1979), rape crisis
centers throughout the United States were surveyed for a
measure of how actual rape victims engage in blame. Using
the results of 38 centers, with a mean number of 335 rape
victims seen across the centers, the reported mean
percentages of rape victims engaging in self-blame is 74%.
Rape victims engage in behavioral self-blame more frequently
(69%) than characterological self-blame (19%). The
differences between behavioral and characterological self-
blame were statistically significant.

A later study conducted by Janoff-Bulman (1982)
utilized college students to examine individual differences

in self-blamers. Variables which were examined were self-esteem, locus of control, and future avoidability. Students were divided into two groups, victim and observer conditions, with the personality measures the same across groups. Locus of control was not a predictor of either type of self-blame for either group, victim or observer. Behavioral self-blamers engaged in external locus of control more than characterological self-blamers; however, the differences were not significant. Self-esteem and future avoidability were the two strong predictors of self-blame for victims. In the observer condition, self-esteem was associated with both behavioral and characterological self-blame, though not significantly. Locus of control was not associated with either type of blame.

Perceived future avoidability of rape by the victim was correlated with behavioral blame of the victim and not characterological blame, but the difference was not significant. Perceived future avoidability of an adverse event is one method of reestablishing or establishing control. Future avoidability may be an important mediating variable when examining the effects of a stressful situation upon symptom development. Janoff-Bulman (1982) found future avoidability more significant than locus of control for self-blame. Some researchers have hypothesized that control perceptions are more a function of the stability of the precipitating event (Dohrenwend & Martin, 1979). Sandler

and Lakey (1982), in a study of college students, found
dispositional locus of control was not significantly related
to perceptions of control over experienced negative events.

Nelson and Cohen (1983) employed a longitudinal
measurement of locus of control, life stress, and
psychological disorder to examine control perceptions and
stress. The study participants were 192 undergraduate
college students, who completed five questionnaires at two
different time periods eight weeks apart. The results found
control perceptions unrelated to subjects' locus of control
scores, yet were related to the event characteristics. At
this point, the research findings concerning control
perceptions and their effect upon psychological disorder are
inconclusive. However, future avoidability of an event does
appear to be interactive with self-blame for victims of a
negative event.

Gender

Knopf (1978) theorizes boyfriends or husbands of rape
victims initially are sympathetic and try to reassure the
victim by continued support and caring. In contrast,
Silverman (1978) cites one boyfriend, when asked the
question if he believes his girlfriend was responsible for
the rape answered, "Of course not, I have no doubt she was
responsible." Some of the fear reactions a rape victim may
manifest act to complicate her relations with men in

general, and relationships, specifically. The sexual
satisfaction of a rape victim has been found to
substantially decrease following the rape (Feldman-Summer,
Gordon, & Meagher, 1979). Normal reactions of a rape victim
may be misconstrued by the significant other, leading to
more guilt being placed on the victim for the event and
eventual deterioration of the relationship.

Gender differences have begun to appear in rape
research concerning attempts to thwart a rape attack. Males
consistently choose aggressive modes of resistance as the
most appropriate and successful in potential situations
(Kanekar, Bulsara, Duarte, & Kolsawalla, 1981; Krulewitz,
1981, 1982; Krulewitz & Nash, 1979). These studies used
both male and female subjects and concluded socialization
was responsible for determination of methods for effective
resistance. When females were investigated alone the
results confirmed that women view successful resistance
strategies as being compliance, passivity and less active or
aggressive methods (Bart, 1981; Tolor, 1978). Rape myths
enter as a possible explanation for gender differences
regarding strategies to prevent a rape. Men seem to feel
that not to defend one's self actively is to "ask for it,"
whereas women seem to feel that passivity is an indication
of one's helplessness and consequently of the
inappropriateness of one's self for a target for aggression
(Scroggs, 1976). Sex role stereotyping is an alternate

explanation in victim resistant methods. Krulewitz and Nash (1979) suggest sex role expectations place men in an aggressive framework and females in a passive one. Men may view resisting victims as getting raped in spite of their resistance while women view the resistance as a major contributing factor for the rape's occurrence.

Bolt and Caswell (1981) hypothesized carelessness to be an important mediating variable in acquainted and unacquainted situations. Their sample consisted of 60 female undergraduate students who were asked to participate in a study with time acting as the careless variable. This variable resulted in four groups: acquainted/late, unacquainted/late, acquainted/early, and unacquainted/early groupings. The findings suggested the discounting principle not the just world hypothesis being employed as a rationale for rape judgement-definitions. The victims were held more responsible in the late situations than the early ones.

In contrast, Wooten (1980) found no significant differences for victim-offender acquaintance levels. Wooten's study analyzed through a questionnaire format, male law enforcement personnel and male and female college students. Variables of high and low familiarity were combined with conditions of low, moderate, and high victim resistance. Gender and occupation were found to influence the amount of responsibility attributed to the victim with females attributing less responsibility than males across

all levels of conditions and law enforcement personnel
attributing greater responsibility to the victim than both
male and female college students.

Fulero and DeLara (1976) found the process of
responsibility attribution to be sex dependent with females
attributing less responsibility to perceived similar victims
and males attributing responsibility on the basis of
perceived victim respectability. This finding regarding
males focus upon victim respectability also was reported by
Cann, Calhoun, and Selby in 1979 and by Luginbuhl and Mullin
in 1981. Deitz et al. (1982) found empathy to be a
mediating variable with gender in attributing responsibility
patterns. Krulewitz and Payne (1978) found a reversal of
these studies with women attributing greater responsibility
than men to the victim of a rape. Further analysis found
that for women subject groups there were significant
differences along a sex-role attitudinal dimension, with
women who were more liberal in their sex-role attitudes
tending to require less force manipulation in their analysis
of an event being termed a rape, whereas non-feminist women
relied quite heavily upon the force variable.

It would appear from the literature, gender is not a
reliable sole predictor of the attribution of responsibility
to either victim or assailant. Gender seems to have an
interactive effect with attitudinal variables such as sex-
roles and empathy. Gender may also interact with perceived

victim and observer similarity and victim respectability
concepts. Research with gender and attribution of
responsibility for a rape is expanding to include more
complex interactions. The literature has called for more
empirical investigations into the possible effects gender
may have in rape situations (Deitz et al., 1982; Fulero &
DeLara, 1976).

Summary

The literature review on attribution of responsibility
theories, rape myths and trauma, social support, learned
helplessness and self-blame and gender all describe the
complexities of the crime of rape. Attribution theory was
developed to understand how the layperson offers
attributions in his or her life and was referred to as a
type of "naive" psychology.

Attribution of responsibility theories have evolved
from Heider's original work with attributions. The just
world hypothesis and the defensive attribution theory offer
researchers and clinicans a theoretical basis from which to
gain a more comprehensive understanding of the process
people engage in when making attributions of responsibility
for an event. Currently, there is confusion over key
terminology within the attribution field, making
generalization of empirical results uncertain.

Rape myths keep the crime of rape and its victims silent through focusing blame for the rape upon the victim, not the assailant. The silence that has surrounded rape operates to perpetrate the crime through underreporting of the crime and victims not receiving adequate care. Recently, researchers have begun to investigate rape myths and the role they play in a rape situation. Current studies point to the importance of rape myths in the defining of a rape and call for more work in this area.

Social support has been found to have an impact upon the effects of stress and symptom development of depression. It appears that social support is not as simple a variable as once believed. The literature is recently finding that social support may interact with personality characteristics such as self-esteem.

Learned helplessness theory has recently been offered as a theoretical basis for the self-blame that rape victims engage in so frequently. Until five years ago, self-blame was offered as the depression paradox, that of blaming one's self for uncontrollable events, and as a symptom of depression. Recently, self-blame has been presented as a solution to the depression paradox. Self-blame is thought to be a two-faceted variable, behavioral and characterological, with behavioral self-blame being an adaptive coping mechanism for depression. The empirical

work with self-blame has few measurement instruments, resulting in work being scarce.

The variable of gender, once thought to have a simple main effect, has recently been found to be an interactive variable. Research with gender and attribution of responsibility for a rape is expanding to include more complex interactions.

CHAPTER THREE
METHODOLOGY

The purpose of this study was to determine the relative contribution of college students' self-esteem, knowledge of rape (including personal knowledge of a rape victim, number of rape victims known personally, and a score on a rape myth acceptance instrument), and gender to the variance of those students' behavioral and characterological blame of a friend who had been raped. The hypotheses, population and sample, instruments, procedures, analyses of data, and limitations of the study are discussed in this chapter.

Null Hypotheses

Hypothesis One

There will be no significant relative contributions of college students' knowledge of rape, self-esteem, and gender to the variance of their attributions of behavioral blame of a friend who had been raped.

Hypothesis Two

There will be no significant relative contributions of college students' knowledge of rape, self-esteem and gender

to the variance of their characterological blame of a friend who had been raped.

Hypothesis Three

There will be no significant interactions among college students' knowledge of rape, self-esteem, gender, behavioral blame, characterological blame, and the order of presentation of the blame scale.

Population and Sample

The population for this study included approximately one thousand male and female students at a private, southeastern liberal arts college. The college has purposely limited its enrollment to approximately one thousand students, thereby it is believed to be creating an informal, friendly atmosphere which is conducive to learning. Fifty-two percent of the students come from states other than the one where the college is located, with the majority from the northeastern United States. The student body is composed of the traditional college-aged students, with the average age between eighteen and twenty-two years of age. Approximately 50% of the students live on campus. The gender composition is approximately 40% male and 60% female students. The majority of the population is Caucasian 96.59 percent, with other ethnic groups reflected minimally: Blacks, 2.1%; Hispanics, 1.3%; and Asian, .089%.

The sample for this study was drawn from the Department of Psychology classes offered for the spring semester in 1985. The dean of the college suggested the sample be selected from the Department of Psychology classes for three reasons: (a) these classes study social research and would, therefore, be more amiable to participation in this study; (b) the students are required to take classes from this department for their general education requirement; therefore the sample would be reflective of the population; and (c) these classes have the largest enrollment.

A college student population was chosen for this study for two specific reasons. The majority of rapes occur to females between the ages of 18 and 25 (UCR, 1978). College students have been utilized for the majority of self-blame analyses that have occurred in the literature to date. For the two reasons specified above, this researcher felt college students would be the most valuable population to test significant others' blame attributions.

The minimum number of students in the sample was 150. The researcher received a commitment from each professor in the Department of Psychology to utilize their classes for this study. Two weeks prior to the testing, this researcher contacted each professor and set up a time to meet with their classes to perform the testing. A list was compiled which identified each class by title, day, time, and number of students. When two or more classes met at the same day

and time, those classes which had the largest number of
student were selected. Classes were visited until 150
students had been included in the sample.

Instruments

The instruments which were used in this study included
the Janoff-Bulman Blame Scale, Revised Janis-Field Feelings
of Inadequacy Scale, and the Rape Myth Acceptance Scale.
The Revised Janis-Field Feelings of Inadequacy Scale was
chosen to assess the personality characteristic of self-
esteem. The Rape Myth Acceptance Scale measures knowledge
of rape and adherence to rape myths. The blame measure
devised by Janoff-Bulman was utilized to ascertain
characterological or behavioral blame. The Demographic
Information Questionnaire was used to ascertain personal
knowledge of rape and rape victims.

Rape Myth Acceptance Scale

The Rape Myth Acceptance Scale (RMA) (see Appendix A)
was developed by Burt (1980) to ascertain respondents' views
concerning rape myths. The RMA scale operationalizes and
tests some of the tenets of feminists' analysis of rape,
particularly that of violence versus passion. Social
psychological research regarding rape myths shows these
myths have the effect of denying or reducing perceived
injury or to blame the victims for their own victimization

(Burt, 1980; Calhoun, Selby, & Warring, 1976). The RMA scale is an instrument to measure these rape myths.

The RMA scale is a 14 item, self-administering, paper and pencil test. The first 11 items are to be answered using a seven point Likert scale, ranging from "strongly agree" to "strongly disagree." The next two items request the respondents to answer using "almost all, about 3/4, about half, about 1/4, and almost none." The last item is separated into six parts, which utilize answers ranging from "always, frequently, sometimes, rarely, never." A high score is indicative of the respondents holding beliefs that are rape supportive and fallacious. The mean score for the RMA scale is 49.4 with a standard deviation score of 11.9. An example of one of the items on the RMA scale is "many women have an unconscious wish to be raped, and may then unconsciously set up a situation in which they are likely to be attacked." The RMA takes approximately five minutes to complete.

Burt (1980) performed the reliability and validity testing on a random sample of 598 adults in 1977. Prior to that testing, Burt (1980) pretested the scale, with a large item pool. From that item pool, Burt (1980) selected twice as many items as is represented on the RMA scale to be used in this study. The RMA scale reliability established using a Cronbach's alpha was .47.

Janoff-Bulman Characterological and
  Behavioral Blame Measure

This study modified and utilized the Janoff-Bulman
Characterological and Behavioral Blame Measure (Appendix B)
developed to study characterological and behavioral blame.
Janoff-Bulman's (1982) instrument is a self-administering,
paper and pencil test which consists of a set of
instructions, a two page single spaced account of a rape
experience, and a list of 13 questions to be answered using
a six point Likert scale scoring technique. Six of the 13
items reflect behavioral blame responses, six items reflect
characterological blame responses and one item reflects
future avoidability. This instrument takes approximately
five minutes to complete.

The behavioral blame statements are written in the past
tense and always mention specific actions of behavior of the
victim; whereas the characterological blame statements are
always written in the present tense and mention personality
or character flaws of the victim. The tense distinctions
reflect a means of distinguishing between specific behavior
and more global qualities of attribution and is consistent
with work in this area (Janoff-Bulman, 1979).

Examples of behavioral blame statements include "she
knew she didn't get along with him; she should not have let
him persuade her to go the picnic"; and, "she should have
insisted that he take her home as soon as she realized that
nobody else was coming to the picnic." Examples of

characterological blame statements are "she's not assertive enough; she doesn't seem to be able to say no or fight back when she has the chance," and "she's a bad judge of social situations; she can't seem to get a handle on what's really going on." Future avoidability of the rape is measured by the statement, "she will be able to avoid a similar type of rape in the future," and is placed following the blame statements.

Responses to the six behavioral blame questions were summed yielding a single behavioral blame score. The same procedure was employed for characterological blame questions. Internal consistencies for each blame type were performed using Crombach's Alpha technique resulting in a reliability coefficient of .83 for characterological blame and .68 for behavioral blame. Validity of the construct of behavioral and characterological blame was established through discriminative and construct validity using a Pearson Product Moment correlation procedure.

Discriminative validity procedure was performed using 38 rape crisis center staffs with a mean number of victims seen at the centers of 335 and is statistically significant at the .001 level. Construct validity was performed for characterological and behavioral blame by correlations with locus of control, self-esteem, and future avoidability of the rape event. Statistical significance at the .01 level

was found when self-esteem was correlated with characterological and behavioral blame.

Perceived future avoidability of rape by victims is also found to be statistically significant at the .001 level when correlated with characterological and behavioral blame. This study performed further validity for characterological and behavioral blame items via a factor analysis procedure.

A slight modification of the scale for the study occurred in the instruction section. The instructions placed the subject in the role of a friend of a rape victim. Janoff-Bulman's (1979, 1982) work examines the differences between the actor/observer dichotomy which was reflected in the instruction section of the instrument. One set of instructions asks the respondents to imagine the events described as actually occurring to themselves--the victim/actor condition. The other set of instructions requested the respondents to simply read the account and answer the following questions--the observer condition. This study utilized the observer condition, modified through asking the respondents to imagine the events of having happened to Sue, a close, personal friend.

The rape scenario used in the Janoff-Bulman Measure has been taken from an actual rape account found in the book, The Politics of Rape (Russell, 1975). The rape account has been edited slightly to delete any negative comments made by

the victim to herself and any reference to the race of the rapist or the victim. Janoff-Bulman utilized two rape accounts from the book for comparison purposes finding no significant differences existing for either of the two accounts. One of the two accounts concerned the victim and her attacker going on a picnic and another concerned the victim hitchhiking.

Since there were no reported differences occurring in the experimental conditions, this study utilized only the picnic account as its rape scenario. The rape scenario is a two page, single spaced account of a college student who met her attacker in a college class, went out with him before, decided she did not get along with him, but agreed to go with him to a picnic anyway, after which she returns to his apartment and is raped.

The scoring of the instrument is performed in the summative fashion. Each blame score has a range of 36 to 6 points. A median split was performed for each respondent's blame score to determine into which blame cell to place the respondent's score.

Since the Janoff-Bulman's Characterological and Behavioral Blame Measure was modified slightly for the purposes of this study, this researcher contacted Janoff-Bulman and discussed these modifications with her. Janoff-Bulman agreed to the modifications in the instruction section of the instrument and to the selection of the picnic

account for the rape scenario as the sole scenario to be utilized for this study (conversations held October 7 and 17, 1983).

Revised Janis-Field Feelings of Inadequacy Scale

The Revised Janis-Field Feelings of Inadequacy Scale (RJFS) (Appendix C) was developed by Eagly in 1967 as part of a study regarding involvement as a determinant of response to favorable and unfavorable information. Janis and Field (1959) devised the Feelings of Inadequacy Scale as part of a large measurement of personality factors related to persuasibility.

The original instrument contained 88 items, which are sorted into nine clusters with the feelings of inadequacy scale as one of the clusters. The original testing of the entire instrument for reliability and validity purposes was conducted with 86 males and 96 females. The feelings of inadequacy has 23 items which ask subjects to self-rate their anxiety in three areas: social situations, self-consciousness, and feelings of personal worthlessness. The split-half reliability estimate is .83 with the reliability estimate based on the Spearman-Brown formula as there were so few test items.

Eagly revised the Janis-Field Feelings of Inadequacy Scale to measure the self-esteem variable in a study and the revised scale has been utilized by other researchers when

desiring to operationalize the self-esteem variable to investigate its effect on blame attributions (Brockner & Guare, 1983; Janoff-Bulman, 1979, 1982). Both research studies which have utilized the Revised Janis-Field Feelings of Inadequacy Scale in studies of blame attributions have found the instrument to be a discriminating tool accounting for some of the variance in the attributions of blame.

Eagly (1967) revised the original Janis-Field instrument by taking all 10 items from the Janis-Field instrument which were worded so that an affirmative response was indicative of low self-esteem and used those for one measure of self-esteem. Those items were supplemented by a group of items all worded so that an affirmative response was indicative of high self-esteem. These new items were drawn from the original instrument and were attempted to be as much as possible, word-for-word reversals of the Janis-Field items. An effort was made to keep the content of the new group of items similar to the original set. Dummy items were interspersed among the self-esteem items. These dummy items concerned the individual's ability to judge other people and themselves.

Reliability statistics used a sample of 144 students. The split-half coefficient of reliability had each half containing five negative and five positive items. The coefficient of reliability using a split-half statistic was .72. When this figure was corrected according to the

Spearman-Brown formula, the total test reached a reliability of .84. The correlation between the positive and negative halves of the test was .54. These reliability statistics point to a revised test measure of self-esteem which has sufficient ability to measure the variable of self-esteem.

The RJFS is a self-administering paper and pencil test. The RJFS has 20 items, with five response categories. Response categories are scored 5, 4, 3, 2, 1 for the positive items and 1, 2, 3, 4, 5 for the negative items. The scores on the RJFS could range from 20-100 with the higher scores reflecting higher self-esteem.

The Demographic Information Questionnaire

The Demographic Information Questionnaire (DIQ) was adapted by this researcher from Burt's (1980) research to obtain personal information about the respondents in this study. The DIQ consists of three fill-in-the-blank questions requesting the following information: social security number (the last four digits), how well the respondents know a rape victim (Likert scale numbering), and the number of rape victims the respondents have known. Three questions direct the respondent to check the appropriate response: gender, class standing, and whether or not the respondent has been a rape victim.

The DIQ is a self-administering paper and pencil questionnaire. The DIQ is designed to measure personal

information about the respondents as well as their experience with rape and/or rape victims. Respondents are asked to either fill in the blanks or circle the appropriate responses.

Procedures

This researcher met with each class selected to administer the instruments. The testing occurred at the beginning of each class period. The testing was administered by the researcher initially introducing herself, the purpose of this study, explanation of the importance of answering each item in the packet of testing, an explanation that these are attitudinal measures, and that there are no correct or incorrect responses. (See Appendix E for these remarks.) The confidentiality of the respondent's answers was stressed at this time.

In order to test for any effects that might have been elicited through the presentation of the Bulman's Blame Scale, three different testing packets were developed. Test packet A consisted of the demographic information questionnaire, rape myth acceptance scale, self-esteem instrument, blame questionnaire. Test packet B presented the demographic information questionnaire, self-esteem measure, blame scale, and the rape myth acceptance scale. Test packet C presented the demographic information questionnaire, the blame scale, the rape myth acceptance

scale, and the self-esteem measure. In order to insure random presentation of the test packets, a new packet was alternately presented to every third student: first student received packet A; second student, packet B; third student, packet C; and the fourth student, packet A; etc. The researcher circulated around the room to answer any questions which arose during the testing as not to disrupt the others who were taking the test. The total time to complete the entire battery of instruments was approximately thirty minutes. After each student completed the testing instruments, the instruments were handed over to the researcher as the student left.

Analysis of Data

A stepwise regression analysis was performed to determine if there were statistically significant relative contributions at the .05 level among college students' knowledge of rape (including scores on the rape myth acceptance scale, personal knowledge of a rape victim, and number of friends who are rape victims), self-esteem, and gender to the variance of students' characterological blame to friends that are victims of rape.

A stepwise regression analysis was performed to determine if there were statistically significant relative contributions at the .05 level, among college students' knowledge of rape (including scores on the rape myth

acceptance scale, personal knowledge of a rape victim, and the number of friends who are rape victims), self-esteem, and gender to the variance of those students' behavioral blame to friends that are victims of rape.

An analysis of variance was performed to determine if there were statistically significant interactions among the order of presentation of the blame scale and college students' knowledge of rape (including scores on the rape myth acceptance scale, personal knowledge of a rape victim, and the number of friends who are rape victims), self-esteem, gender, behavioral and characterological blame.

Limitations of the Study

One limitation of the study was the generalizability of the findings. The population chosen for this study was a small, liberal arts college in the southeastern United States and was not, therefore, necessarily reflective of college students in general. The students that have selected this college to attend may be different from those students that have chosen to study at a univeristy.

CHAPTER FOUR
RESULTS AND DISCUSSION

The purpose of this study was to determine the relative
contribution of college students' knowledge of rape, self-
esteem, and gender to the variance of those students'
behavioral and characterological blame of a friend who had
been raped. The general characteristics of the sample
population, the data, the results of the data analyses for
the three hypotheses are presented in this chapter, followed
by a discussion of the results.

General Characteristics of the Data

The data collected were of several types. Three
variables were dichotomous: gender, victim of rape, and
knowledge of a victim. The first two variables were real
dichotomous variables and the latter one was artificial.
There was one ordinal variable, the number of rape victims
known by the participants. Finally, there were four
interval level variables: rape myth acceptance, behavioral
blame, characterological blame, and self-esteem. The means
of analysis chosen for this study was multiple linear
regression; therefore, the different types of variables were
not a problem. "Multiple regression analysis has the

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fortunate ability to handle different kinds of variables with equal facility" (Kerlinger & Pedhazur, 1973, p. 8).

Table 1 contains the ranges, means, standard errors, and standard deviations of four interval and ordinal variables for the entire participants in the group and breakdown of the three testing groups under study. For each variable the ranges, means, standard errors, and standard deviations are compared across the groups.

Additional tables that further describe the data used in this study are found in Appendix F. Tables 15-17 contain the frequencies for the dependent and independent variables.

Rape Myth Acceptance

The rape myth acceptance scores for the participants were lowest of 45 for the females in group B, with the highest range score of 84 for the males in that same group. The lowest mean score of 55.923 was found for females in group C, with the highest mean score of 62.652 occurring for males in group B. The lowest standard error of 0.923 was found for all the female participants with the highest standard error of 1.935 found for the males in group A. A 6.504 was lowest standard deviation found for females in group C with the highest of 10.050 found for the females in group B.

Self-Esteem

The females in group B with a low range figure of 38 were the lowest range score in the study. Interestingly, a

Table 1

Range, Means, Standard Errors, and Standard Deviations of Ordinal and Internal Variables for the Total Participant Group and the Three Testing Groups

				Group A			Group B			Group C		
Variable	Total	Male	Female	Male	Female	Total	Male	Female	Total	Male	Female	Total
	n=150	n=66	n=84	n=19	n=31	n=50	n=23	n=27	n=50	n=24	n=26	n=50
Rape Myth Acceptance												
Range	41-84	45-84	41-78	45-75	45-75	45-75	48-84	41-78	41-84	45-78	44-71	44-78
Mean	58.520	60.257	57.154	59.526	58.000	58.580	62.652	57.370	59.800	58.541	55.923	57.180
Standard Error	-	1.079	0.923	1.936	1.536	1.196	1.814	1.934	1.375	1.824	1.275	1.103
Standard Deviation	8.707	8.769	8.461	8.441	8.555	8.459	8.700	10.050	9.728	8.939	6.504	7.800
Self-Esteem												
Range	38-91	42-90	38-91	54-86	43-90	43-90	42-90	38-87	38-90	54-86	56-91	54-91
Mean	70.966	72.242	69.964	72.315	70.25	71.020	73.347	67.666	70.280	71.125	72.038	71.600
Standard Error	-	1.158	1.156	2.060	1.869	1.392	2.207	2.190	1.595	1.78	1.942	1.315
Standard Deviation	10.124	9.408	10.600	8.981	10.407	9.848	10.585	11.381	11.279	8.793	9.905	9.304
Behavioral Blame												
Range	13-36	17-36	13-36	19-36	20-34	19-36	19-34	13-36	13-36	17-35	21-36	17-36
Mean	27.153	26.954	27.309	27.631	27.483	27.540	27.521	26.444	26.940	25.875	28.000	26.980
Standard Error	-	0.551	0.441	1.124	0.627	0.570	0.843	1.017	0.670	0.919	0.600	0.555
Standard Deviation	4.231	4.477	4.047	4.901	3.491	4.036	4.403	5.286	4.739	4.504	3.059	3.930
Characterological Blame												
Range	9-36	9-36	9-32	15-36	12-30	12-36	15-33	11-32	11-33	9-36	9-30	9-36
Mean	22.293	23.090	21.666	23.368	21.096	21.960	24.043	22.111	23.000	21.958	21.884	21.920
Standard Error	-	0.696	0.595	1.342	1.013	0.816	1.000	1.039	0.731	1.280	1.066	0.819
Standard Deviation	5.571	5.658	5.453	5.851	5.641	5.771	4.800	5.401	5.174	6.272	5.435	5.791

figure of 91 was the highest range score found for the
females in group C. The total participants mean score was
70.966 with the lowest mean of 67.666 for the females in
group B and the highest of 72.315 for the males in group
A. The highest standard error of 2.060 occurred for the
males in group A and the lowest standard error of 1.392 was
found for the total group A. The standard deviations were
comparable across groups with a low of 8.981 for males in
group A to a high of 11.381 for the females in group B.

Behavioral Blame

The scores for behavioral blame reached the ceiling of
36 for both of the genders. The lowest range score of 13
was found for the females in group B. The mean of 25.875
for males in group C was the lowest mean with 28.000 the
mean for the females in that group being the highest mean in
the study. Standard errors were comparable across groups
with a low of 0.441 for the total female participants and a
high of 1.124 for the males in group A. The standard
deviations were also comparable across groups and ranged
from 3.059 for females in group C to 5.286 for females in
group B.

Characterological Blame

The low and high range scores for characterological
blame were found for the males in group C with a low of 9
and a ceiling of 36, which is also the test ceiling. The
mean scores ranged from 21.096 for females in Group A to

24.043 for the males in Group B. Standard error scores showed little variation with a low of 0.595 for the total female participants and a high of 1.342 for the males in Group A. The standard deviation scores also showed minimal variation with a low score of 4.800 for the males in group B and a high score of 5.851 for the males in group A.

Findings Related to the Statement of the Problem

In the statement of the problem, three specific hypotheses were formulated. The appropriate analysis to answer the first two hypotheses was multiple linear regression. The third hypothesis used a multiple analysis of variance. Behavioral blame and, secondly, characterological blame were the dependent or criterion variables, respectively. Gender, self-esteem, and knowledge of rape were the independent variables.

The stepwise method for entering independent variables into the SAS Stepwise Regression Procedure was selected as the appropriate first step. The stepwise method is described by Hull and Nie as follows:

> With the stepwise method, if there are independent variables already in the equation, the variable with the smallest F value is examined for deletion. If the probability of that F is larger than the removal criterion . . . the variable is removed. The equation is then recomputed without the removed variable and the rest of the variables are examined for removal.
>
> Once no more independent variables need to be removed, all independent variables not in the

> equation are examined for entry. The variable
> with the largest F value is entered if the
> probability of the F is smaller than the entry
> criterion. . . . Once a variable has been
> entered, all variables in the equation are again
> examined for removal.
>
> The process continues until no variables in
> the equation need be removed and no variables not
> in the equation are eligible for entry, or until
> the maximum number of steps has been performed.
> (1981, p. 100)

Once the significant variables at the .0500 level were
identified, the other independent variables were eliminated
from further analysis.

The third hypothesis utilized the SAS General Linear
Models procedure for analysis of variance between groups. A
Duncan's Multiple Range Test was used for analysis of groups
means for significance.

Findings Relative to Hypothesis 1

The first hypothesis was that there will be no
significant relative contributions of college students'
knowledge of rape, self-esteem, and gender to the variance
of their attributions of behavioral blame of a friend who
had been raped.

Table 2 presents the results of the analysis of
variance of the variables listed in hypothesis one that
contributed significantly to the variance of the dependent
variable, behavioral blame of college students. The
significance was high, $p < 0.0047$. (Refer to Table 18 in

Table 2

Analysis of Variance for the Multiple Linear Regression
Model Between Behavioral Blame and Significant Independent
Variables for College Students (N=150)

Source of Variation	DF	SS	MS	F	p
Regression	1	140.759489	140.759	8.24	0.0047
Error	148	2526.71384432	17.07239084		

Appendix F for the probability data for all the independent
variables and for the F value for the entire model.)

As shown in Table 3, the most significant variable was
rape myth acceptance. This variable accounted for 5.276% of
the explained variance of the dependent variable, behavioral
blame.

Table 3

Multiple Linear Regression Summary Table of Behavioral Blame
for College Students (N=150)

Variable	R^2	F	p
Rape Myth Acceptance	0.05276	8.24	< 0.0047

Table 4 contains the regression coefficients in unstandardized form (B). Rape myth acceptance has a coefficient of 0.11162, indicating that lower scores on the rape myth acceptance scale were associated with lower scores on the dependent variable, behavioral blame, and visa versa.

Table 4

Variable in the Equation for Behavioral Blame and Significant Independent Variable for College Students (N=150)

Variable	B	S.E. of B	Type II SS
Rape Myth Acceptance	0.11162	0.03887	140.7598

These results mean that college students who believed in rape myths were likely to blame the victim's behavior for the rape. The more the college students accepted the myths of rape, regardless of their own personal knowledge of friends' experiences with rape, the more they tended to blame the behavior of the victim for the rape.

Findings Relative to Hypothesis 2

The second hypothesis was that there will be no significant relative contributions of college students' knowledge of rape, self-esteem, and gender to the variance of their attributions of characterological blame of a friend

who had been raped. Table 5 contains the results of the analysis of variance of the variables listed in hypothesis two that contributed significantly to the variance of the dependent variable, characterological blame of college students. The F value and the significance were high: $F(1,148) = 31.40$, $p<0.0001$. (Refer to Table 19 in Appendix F for the probability data for all the independent variables and for the F value of the model.)

Table 5

Analysis of Variance for the Multiple Linear Regression Model Between Characterological Blame and Significant Independent Variables for College Students (N=150)

Source of Variation	DF	SS	MS	F	p
Regression	1	809.5021	809.5021	31.40	< 0.0001
Error	148	3815.5912	25.7810		

As shown in Table 6, rape myth acceptance was the most significant variable. This variable accounted for 17.5023% of the explained variance of characterological blame, the dependent variable.

Table 6

Multiple Linear Regression Summary Table for College
Students (N=150)

Variable	R^2	F	p
Rape Myth Acceptance	0.175023	31.40	0.0001

Table 7 presents the regression coefficients in unstan-
dardized form (B). Rape myth acceptance has a coefficient
of 0.26728, indicating that the higher scores on the rape
myth acceptance measure were associated with higher scores
on the characterological blame measure and visa versa.

Table 7

Variable in the Equation for Characterological Blame and
Significant Independent Variable for College Students
(N=150)

Variable	B	S.E. of B	Type II SS
Rape Myth Acceptance	0.26768	0.04777	809.50213

These results mean that college students who believed
in rape myths tended to blame the victim's character for the
rape's occurrence. The more the college students' engaged

in rape myth acceptance, regardless of their gender, self-esteem, or personal experiences with rape, the more they were likely to blame the victim's character for the rape.

Findings Relative to Hypothesis Three

The third hypothesis was that there would be no significant interactions among college students' knowledge of rape, self-esteem, gender, behavioral blame, characterological blame, and the order of presentation of the blame scale. In order to test for effects that might be elicited through the Bulman Blame Scale's descriptive scenario, three groups with different orders of test material presentation were devised. A three factor analysis of variance was conducted for the four dependent variables: behavioral blame, characterological blame, rape myth acceptance, and self-esteem. A 3 X 2 X 2 analysis of variance procedure was used to allow the study of the combined effects of college students' group, knowledge of rape victims, and gender.

In the analysis of behavioral blame means, there were no significant effects for group, gender or knowledge of a rape victim. Table 8 presents the results of the analysis of variance for the dependent variable of behavioral blame. The results indicated that none of the variables tested had a significant main or interactive effect. Therefore, hypothesis three was accepted in so far as behavioral blame is concerned.

Table 8

Analysis of Variance for College Students' Knowledge of Rape
Victims, Gender, and Group for Behavioral Blame (N=150)

Source	DF	F Value	Prob F
Group	2	0.52	0.5982
Gender	1	0.58	0.4459
Group X Gender	2	2.19	0.1154
Knowledge of victim	1	0.12	0.7286
Group X Know	2	0.47	0.6259
Gender X Know	1	2.95	0.0883
Group X Gender X Know	1	0.70	0.4027

When college students had to make behavioral blame
attributions, those students' knowledge of rape victims,
rape myth acceptance, and self-esteem were not influenced by
the blame measure. The Bulman Blame Scale in no way altered
the students' responses to any of the other questionnaires.

In the analysis of characterological blame means, there
were no significant effects found for group, gender or
knowledge of rape victim. Table 9 presents the analysis of
variance results of the dependent variable characterological
blame. The results indicated that none of the variables had
a significant main or interactive effect.

Table 9

Analysis of Variance of College Students' Knowledge of Rape
Victims, Gender, and Group for Characterological Blame

Source	DF	F Value	Prob F
Group	2	1.26	0.2874
Gender	1	3.80	0.0533
Group X Gender	2	1.05	0.3528
Knowledge of victim	1	2.07	0.1529
Group X Know	2	0.47	0.6281
Gender X Know	1	2.64	0.1063
Group X Gender X Know	1	1.27	0.2624

The analysis of variance of self-esteem means found a
significant main effect for group and an interactive effect
for group and knowledge of a rape victim. Table 10 presents
the results of the dependent variable of self-esteem. The p
value for the interaction of group and knowledge of a rape
victim was significant at the 0.0007 level. This result
means that the college students' self-esteem was somehow
affected by the interaction of the order they took the test
materials and their knowledge of a rape victim.

Table 10

Analysis of Variance of College Students' Knowledge of Rape
Victims, Gender, and Group for Self-Esteem

Source	DF	F Value	Prob F
Group	2	4.78	0.0098*
Gender	1	0.53	0.4661
Group X Gender	2	0.27	0.7671
Knowledge of victim	1	0.19	0.6639
Group X Know	2	7.59	0.0007*
Gender X Know	1	0.00	0.9729
Group X Gender X Know	1	2.09	0.1507

* significant at the 0.0500 level

In order to locate the group and the knowledge of a
rape victim variables, a 2 X 2 analysis of variance and a
Duncan's Multiple Range test were conducted for the
dependent variable of self-esteem. The analysis of variance
for self-esteem and knowledge of a rape victim was
significant at the 0.0241 level. This result means that
college students' self-esteem was affected by the
combination of prior knowledge of a rape victim and the
order the tests were taken. Table 11 presents the Duncan's
Multiple Range Test for the variable self-esteem to locate
which group was affected. The results found group B was
affected. Group B was presented the demographic information

Table 11

Duncan's Multiple Range Test of Group Means for Three
Groups' Self-Esteem (N=150)

Duncan Grouping		Mean	N	Group
	A	82.000	4	A
B	A	71.417	12	C
B		61.22	9	B

questionnaire, self-esteem measure, blame scale, and the
rape myth acceptance scale.

The results of these analyses mean that the
participants in group B, who knew a rape victim prior to the
testing, had lower self-esteems than those who had no such
personal knowledge of a rape victim. Group B differed from
the other two in that after the demographic questionnaire, a
self-esteem measure was presented. The demographic
questionnaire asked several personal questions regarding the
respondents' friends who were rape victims and if they were
victims of rape. The results show that participants in
group B who knew a rape victim had lower self-esteems than
those who did not know a rape victim.

In the analysis of rape myth acceptance means, there
was an interactive effect for group, gender, and knowledge
of a rape victim. This result means that in one group,

males and females who knew a rape victim differed in their beliefs of rape myths. Table 12 presents an analysis of variance for the dependent variable rape myth acceptance with knowledge of a victim, gender and group. The interactive effect of group, gender, and knowledge of a victim produced a p value that was significant at the 0.0391 level.

Table 12

Analysis of Variance of College Students' Knowledge of Rape Victims, Gender, and Group for Rape Myth Acceptance

Source	DF	F Value	Prob F
Group	2	0.84	0.4329
Gender	1	7.59	0.0066*
Group X Gender	2	1.85	0.1609
Knowledge of victim	1	1.29	0.2586
Group X Know	2	0.20	0.8203
Gender X Know	1	3.42	0.0664
Group X Gender X Know	1	4.34	0.0391*

* significant at the 0.05 level

A 3 X 2 analysis of variance was used to locate the group that was significantly different in rape myth acceptance scores with the interaction of the knowledge of a rape victim variable. Group B had a p value of 0.0025 which

is highly significant. This result means that in group B,
respondents had different rape myths beliefs than did
members of the other two groups.

Further analyses were required to determine which
gender in group B had lower rape myth acceptance scores.
Table 13 presents the results of the Duncan's Multiple Range
Test for rape myth acceptance within Group B.

Table 13

Duncan's Multiple Range Test of Group Means for Group B's
Rape Myth Acceptance, Knowledge of Victim, and Gender (N=9)

Duncan Grouping	Mean	N	Gender
A	68.500	2	Males
B	48.857	7	Females

The results show that the seven females with prior
knowledge of a rape victim had a mean rape myth acceptance
score of 48.857, with the males having a mean rape myth
score of 68.500. This result means that the females who
received the self-esteem questionnaire following the
demographic questionnaire had a more accurate knowledge of a
rape than the males. In these analyses, both genders had
prior knowledge of a rape victim.

Table 14 presents the final analysis necessary to
determine how knowledge of a victim influenced the females
in group B's rape myth beliefs. A Duncan's Multiple Range
Test was performed. The mean rape myth acceptance score for
the females in group B that did not have prior knowledge of
a victim was 60.350. The mean rape myth acceptance score
for females in that group with prior knowledge of a rape
victim was 48.857. These results mean that the females that
knew a rape victim, either as a family member or a friend,
and were presented the self-esteem measure following the
demographic questionnaire, prior to the blame measure,
engaged in lower rape myth beliefs than females in the same
group that did not have prior knowledge of a rape victim.

Table 14

Duncan's Multiple Range Test og Group Means for Group B
Females' Rape Myth Acceptance and Knowledge of a Victim
(N=27)

Duncan Grouping	Mean	N	Knowledge of a victim
A	60.350	20	None
B	48.857	7	Yes

Discussion

The results of the first hypothesis indicate that individuals who believed in rape myths also were likely to blame the victims' behavior for the rape, even if the victims were their friends. Surprisingly, gender, self-esteem and prior knowledge of a rape victim, did not significantly affect the amount of behavioral blame attributed to the victims. To date, only a few studies have utilized behavioral blame attributions as dependent variables with personality measures as independent variables (Janoff-Bulman, 1979; Peterson, 1982). These studies indicated that self-esteem had a moderating affect on behavioral blame attributions.

The results from the present study did not indicate that self-esteem had a moderating affect of self-esteem. Janoff-Bulman's (1979) study utilized similar population and measures as were used in this study. Janoff-Bulman's study divided the sample population into two conditions, victim and observer, assessing locus of control, self-esteem, and future avoidability of the rape event. The present study had participants assume the role of friends to the victims, assessing rape myth acceptance, self-esteem, and knowledge of rape victims. According to Janoff-Bulman's study, self-esteem serves an adaptive function for observers when assigning behavioral blame attributions to a rape victim. The present study found that self-esteem had no effect

whatsoever on students' assignment of behavioral blame of
rape victims. This result may be due to the respondents
being placed in the empathic role of a friend to a rape
victim.

The results from this study indicated that the
participants did respond as if the hypothesized victims were
friends. An indirect method to examine real significant
others of rape victims and actual victims' responses was
included in this study. Four questions on the demographic
information questionnaire, asked the participants if they
knew any rape victims, how well they knew the victims, how
many victims they knew, and if they were ever victims of
rape. There were 25 participants who had friends who were
rape victims and their scores did not differ markedly on any
of the testing instruments in the sample scores. There were
eight rape victims included in the testing and their scores
on the tests did not differ from the samples' scores. More
research needs to be done to determine empirically the
differences between roles of friends, victims and observers
when attributing blame to victims of rape.

This study found that rape myth beliefs serve an
adaptive function when attributing behavioral blame to a
rape victim. Rape myths adaptive function is twofold: (a)
it justifies or offers control over a seemingly "unjust" or
uncontrollable event--victimization; and (b) it allows
observers to create differences between themselves and

victims. The central thesis of rape myths is to make the victims responsible for the rape either through their actions or their characters. For instance, "Women who get raped while hitchhiking get what they deserve," is a common behavioral rape myth (Burt, 1980). This myth blames victims for the rape by identifying the hitchhiking behaviors of the victims as the catalyst for the rape. In other words, if the victims would not have hitchhiked, they would not have been raped. This belief is adaptive since it allows an individual to exert behavioral control, in a seemingly uncontrollable situation.

The second adaptive function of this myth, is that observers can also create differences between themselves and victims. This difference is accomplished by pointing out that observers would not engage in hitchhiking, therefore they were different from the victims. Observers would never get raped, since they would never hitchhike. These rape myth beliefs operate to keep observers safe in their beliefs of the world being a fair and just place to live. Lerner (1971) and colleagues have found much empirical support for people engaging in a "Just World Hypothesis."

The second hypothesis indicated that the more people believe in rape myths the more likely they are to engage in characterological blame toward raped friends. Once again, rape myths play an adaptive role in assessing blame to the victims, this time however, to the victims' characters. An

example of how rape myths are adaptive can be found in the myth, "One reason that women falsely report a rape is that they frequently have a need to call attention to themselves," (Burt, 1980). The above myth points to a character flaw of victims that is responsible for the rape's occurrence.

The most surprising and interesting results lie in the third hypothesis which was accepted. It was empirically demonstrated that the manipulation of the blame measure in no way affected the respondents' blame scores, rape myth scores, or self-esteem scores across gender and groups. The unintentional manipulation of the self-esteem measure, however, did elicit significantly different responses from group B. Closer examination of group B found that they were administered the self-esteem scale initially, followed by the blame measure, and finally the rape myth acceptance scale. Both genders in group B scored significantly lower on the self-esteem measure than members of the other two groups.

Several researchers point to methodological weaknesses in the assessment of values and self-esteem (Graf, 1971; Wylie, 1974; Zieman & Benson, 1982). One of the major problems with the assessment of self-esteem is the batteries themselves. Since the majority of these instruments are quite short their reliability is significantly reduced (Zieman & Benson, 1982).

Another explanation for the lowered self-esteem scores in group B could be that a reaction effect occurred. The respondents could have reacted to the demographic information questionnaire with several personal questions about rape, followed by a self-report evaluation of competence in various social situations. This testing material and order of presentation may have been perceived as somehow threatening to the respondent. The resultant self-evaluation of esteem was, therefore, artifically lowered. Other studies using the same self-esteem questionnaire, but not manipulating that questionnaire's presentation, did not find similar results for self-esteem (Janoff-Bulman, 1979). A reaction effect seems to be a probable explanation for the lower self-esteem scores.

Another result from group B was gender specific. In group B, the females with prior knowledge of a rape victim scored significantly lower on the rape myth acceptance measure than did females with no prior knowledge of a victim. Lower rape myth acceptance scores may have been produced by the following order of tests: demographic information questionnaire, self-esteem measure, blame scale, and the rape myth acceptance instrument. Perhaps the presentation of those instruments in that order allowed female respondents to empathize more with friends who had been rape victims, resulting in their lower rape myth scores. More research needs to be conducted to empirically

determine what affects if any are elicited through different presentation of testing materials.

CHAPTER FIVE
CONCLUSIONS, IMPLICATIONS, SUMMARY,
AND RECOMMENDATIONS

Conclusions

Based on the results of this study, the following
conclusions were drawn:

1. Rape myths are predictors of college students'
    behavioral and characterological blame attributions
    toward friends who are rape victims.

2. Rape myths serve an adaptive function for college
    students when assigning both behavioral and
    characterological blame toward friends who are rape
    victims.

3. In a testing situation, both male and female college
    students display low self-esteem scores, when a
    demographic questionnaire is administered, followed
    by a self-esteem measure, a blame measure, and
    finally a rape myth scale.

4. When female college students are administered a
    self-esteem scale followed by a blame scale, those
    with prior knowledge of rape victims, have lower
    rape myth acceptance scores than those with no prior
    knowledge of rape victims.

Implications

A major theoretical implication of this study is the inclusion of cultural myths as predictors in the attribution, behavioral and characterological, of blame. Prior to this time, only personality variables had been assessed with behavioral and characterological blame attributions. A belief in rape myths was found to be a more important variable than either personality or experiential variables. This study found that the more people believe in rape myths the more likely they are to engage in behavioral and characterological blame toward a victim. This implication has both theoretical and experimental support in the literature.

Theoretically, early authors in the field of rape victimization concentrated upon the rape myth aspect of victimization through identifying and labeling myths (Brownmiller, 1975; Russell, 1975). Brownmiller proported that we live in a rape culture, which supports the myths of rape and further victimization of the victims. This study's findings support Brownmiller's contentions regarding rape myths.

Other researchers have assessed rape myths by surveying different populations' attitudes and knowledge about rape. In 1978, Field operationalized rape myths into an empirically based attitude scale. Field surveyed 598 police officers, rape crisis counselors and citizens, and found

that attitudes and knowledge of rape were not significantly different among those groups. A further finding of Field was those professionals held inaccurate beliefs regarding rape. Feldman-Summers and Palmer (1980) surveyed criminal justice professionals and found those professionals to hold high rape myth acceptance. These studies were groundbreaking research in identifying rape myths.

In an attempt to understand how people define situations of rape, Burt and Albin (1981) utilized the knowledge gained from previous researchers about rape myths. They surveyed citizens and found rape myth acceptance to be the sole most important variable when defining rape situations. As a result of this study, it is hypothesized that rape myths serve an adaptive function for observers, assisting in their beliefs that rape cannot happen to them and reestablishing a just world. There is empirical support for rape myths serving adaptive functions for individuals. Lerner and his colleagues found that people have a need to believe in a fair and just world, so they may engage in long range plans and goal formation. When a traumatic event occurs, observers must blame some action or character of victims in order to reestablish control and order in the world. Rape myths have been utilized for that function.

Numerous researchers have called for attribution research to encompass more socio-cultural components, rather

than the current phenomena-orientation (Burt & Albin, 1981; Peterson & Seligman, 1982). Alexander (1977) surveying 368 police officers and 312 nurses for personality variables and social views found social views of rules and order, sex-role attitudes and locus of control to be greater predictors of attribution of responsibility than characteristics of victim, assailant, and situational circumstances. More research needs to be conducted that examines the social views, via myths or social attitudes, to determine what attitudes compose attributional responses.

Another implication for theory, as well as for research, is the effect of the manipulation of testing instruments. This study found a significant difference in one of the three testing groups. This significant difference was lower self-esteem scores for the whole group regardless of gender. A reaction effect has been hypothesized to be an explanation for the lower self-esteem scores. Other studies which have utilized the same experimental design, and instruments as this study, reported an effect for self-esteem that was not found in this study. Those studies, however, did not manipulate the order of presentation of the test materials. It is possible since those results were not replicated in this study, that a true measure of self-esteem was not being elicited in those particular testing situations. The result from the

manipulation of the test material order is valuable, since it insures reliability of the testing.

An implication for practice is the identification of a cognitive variable that is predictive of behavioral and characterological blame to rape victims. Rape myth beliefs are cognitive and predictive attitudes and as such are amenable to cognitive treatment. Counselors when assisting significant others of rape victims often use a cognitive format in their therapy. As a result of this study, rape myths can be identified that may be affecting significant others' empathic response to victims. These rape attitudes, then, may be able to be treated through therapeutic reframing. Experimental support is present in the literature for this implication.

Field (1978) found that training police officers through a series of informational training sessions--a cognitive format--affected changes in their attitudes toward rape myths. Currently, there is no empirical work that has assessed significant others' rape beliefs through an experimental design to ascertain the utility and effectiveness of cognitive counseling for significant others.

A second implication for practice is that counselors through providing cognitive therapy for significant others, will be actively role modeling information-giving, the most helpful service that can be provided to victims. There is

much theoretical and clinical support for this implication. A social support system's perceived effectiveness in assisting one in crisis is through emotional support and information giving (Caplan, 1982). Numerous authors in the field of counseling rape victims, state the most crucial needs to be met for victims are information-oriented and emotional ventilating of feelings (Burgess & Holmstrom, 1976; Hilberman, 1977). These needs may be met through either professionals or friends (Hilberman, 1977).

Significant others have the same initial needs as rape victims, informational and the releasing of emotions. Counselors when treating significant others are providing a unique opportunity to role model appropriate methods of support and guidance. Significant others in turn will have actual experience with the type of support they will be called upon to give their friends.

Summary

Until 1979, the self-blame of rape victims was thought to be maladaptive to their recovery process. Janoff-Bulman (1979) hypothesized that self-blame is not a single entity but consists of two different types of blame with different prognoses, one is behavioral and the other is characterological blame. The scant work on self-blame utilizing Janoff-Bulman's hypothesis has focused on

situational factors and personality variables to explain and examine both behavioral and characterological blame. In the research to date, participants have taken the roles of either victims or observers. No study has examined the role of significant others in the blaming process of victimization. The purpose of this study was to assess rape myth acceptance, self-esteem, gender, and knowledge of rape victims for their relative contributions to the variance of behavioral and characterological blame attributions of friends of rape victims.

Attribution of blame researchers have examined situational and personality variables with dependent measures of behavioral and characterological blame. No one has examined experiential and social variables with respect to behavioral and characterological blame. Current research has shown that self-esteem is a moderating, adaptive variable for observers in attributing the blame process. This study indicated no affect for self-esteem on either characterological or behavioral blame for observers. Affects of gender upon behavioral and characterological blame had not been assessed to date. This study found no affects for gender.

In this study, 150 male and female college students were randomly assigned to three different testing groups and asked to complete a series of four questionnaires. The testing took place as part of their regular classroom

settings and times. Two weeks prior to the testing date, students were informed of the testing and offered the choice to participate. Those students that did not desire to be a part of the survey were offered a second opportunity to not participate at the beginning of each testing period. Students were told that if this testing produced issues that were painful and that they would like to talk about, they could contact this researcher following the testing period or call a series of telephone numbers which were listed on the blackboard.

The testing took approximately 45 minutes to complete. The manipulation of the groups was accomplished via different orders of the test material. Group A received the rape myth measure first, followed by the self-esteem scale and finally the blame scale. Group B received the self-esteem scale, the blame scale, and lastly the rape myth scale. Group C received the blame scale, the rape myth scale and finally the self-esteem scale. All three groups responded initially to the demographic information questionnaire. The tests were distributed so that every third student was in the same group.

Stepwise regression analysis indicated that rape myth beliefs were significant predictors for behavioral and characterological blame to victims. The more people believed in rape myths, the more likely they were to engage in both behavioral and characterological blame to victims.

Those respondents that received the demographic information questionnaire and then a self-esteem measure had lower self-esteems than any of the other two test groups. There was a significant interactive effect found in rape myth acceptance for females with low self-esteem, prior knowledge of a rape victim, and who experienced the self-esteem scale following the demographic questionnaire testing material. Those select seven females had lower rape myth beliefs than did the other females in that group. There were no other significant main or interactive effects discovered in any of the analyses.

Recommendations

Based on the results of this study, the following research studies are suggested:

1. A descriptive study should be conducted surveying actual rape victims and their friends, using a rape myth acceptance scale, self-esteem scale, and a blame measure.

2. A replication of this study should be conducted with different subject roles of victim, friend, and observer. This study should assess any possible affects of the differing roles on personality variables and blame attributions.

3. A correlational study should be conducted to investigate the relationship between self-esteem and

attributions of blame toward friends who are rape
victims.

4. There should be a factorial study conducted to
   determine the affects for life events, existing
   social support systems, rape myth beliefs, and
   attributions of blame toward friends who are raped.

5. A longitudinal study should be conducted to examine
   rape myth beliefs, self-esteem, locus of control and
   attribution of blame to raped friends.

APPENDIX A
RAPE MYTH ACCEPTANCE SCALE

Please use the following scale in responding to the statements. Place the number which best indicates how you feel on the line preceding each statement.

                    1 = strongly disagree
                    2 = disagree
                    3 = disagree a little
                    4 = not sure
                    5 = agree a little
                    6 = agree
                    7 = strongly agree

___ 1.   A woman who goes to the home or apartment of a man on their first date implies that she is willing to have sex.

___ 2.   Any female can get raped.

___ 3.   One reason that women falsely report a rape is that they frequently have a need to call attention to themselves.

___ 4.   Any healthy woman can successfully resist a rapist if she really wanted to.

___ 5.   When women go around braless, or wearing short skirts and tight tops, they are just asking for trouble.

___ 6.   In the majority of rapes, the victim is promiscuous or has a bad reputation.

___ 7.   If a girl engages in necking or petting and she lets things get out of hand, it is her own fault if her partner forces sex on her.

___ 8.   Women who get raped while hitchhiking get what they deserve.

____ 9. A woman who is stuck-up and thinks she is too good
        to talk to guys on the street deserves to be taught
        a lesson.

____ 10. Many women have an unconscious wish to be raped,
        and may set up a situation in which they are likely
        to be attacked.

____ 11. If a woman gets drunk at a party and has
        intercourse with a man she's just met there, she
        should be considered "fair game" to other males at
        the party who want to have sex with her too,
        whether she wants to or not.

The scenario you are about to read describes events leading up to a rape. The events described actually occurred and were reported in a book on rape. Read the scenario and respond to the questions as if the victim was a close friend of yours, whom you have known for many years. Please read the scenario carefully.

I met Joe two years ago in an English class. We had gone out about three or four times when he asked me if I wanted to go on a picnic the next weekend with some other members of our rhetoric class. I told him that I didn't think that I got along with him that well, and so I didn't think I should see him again.

But he persuaded me to go out with him to have a drink and talk it over, and then persuaded me to go to the picnic by emphasizing that it was a class reunion. He said that if I didn't want to spend time with him, I could spend time with his friends. I thought, "Oh, that's good, that's safe." When the day came, he picked me up, and we went to get the groceries, and then I asked him," Well, where are we going to meet the others?" He said, "Oh, I forgot to tell you. They aren't coming." I was angry because I didn't want to go with him in the first place, but I didn't say anything because I thought it would be rude.

We went out to a park, and we had barbecued spareribs and spent the day there. When it was time to go, he wanted to know if he could kiss me. I said OK, and so we kissed once. He really liked it, and he told me I was a very sensuous person. On the way back, we stopped at a friend's apartment. He was away, but his roommate, the girl he's living with, was there. She invited us in for drinks, and I had more than I could handle. Joe got drunk too. But we were having a good time because I liked this girl. Her name was Susan Mason. I really liked her company more than anyone I had seen for a long time.

But I got so drunk, I went to the bathroom and threw up; then I almost blacked out. Joe wanted to leave around

nine o'clock, but I didn't feel like going anywhere. I said, "Wait half an hour until I sober up." But he wanted to leave right away, though he was kind of drunk too. I insisted that we stay until we had coffee or something to get more sober. I didn't think he was in any condition to be driving, and I wasn't in any condition to be walking around.

On the way home he started swearing at me. I asked him to take me home. He said no, he wasn't going to take me home, he was going to go home to his place first to take a shower. I said, "Well, why can't you drop me off first?" He wouldn't do that. So I planned to walk home as soon as we got out. But like a fool, I said to myself, I should be more considerate and help bring the stuff up to his apartment. You know, after a picnic there's a lot of junk. So I went up to his apartment and brought some stuff into the kitchen. He came in behind me, and he closed the door. I thought he was going to change his mind and be nice enough to give me a ride home. I was so wrong.

He put his stuff down, put on a record, and I began to see that he really wasn't interested in going on the road again. Then he approached me, and he tried to force himself on me. He tried to kiss me, and I said, "No, Joe. No." And he kept trying to force himself on me, and I kept saying no, and then he picked me up and sort of swung me on the couch, and before I knew it, he had taken my pants off. Just like that. I couldn't believe it. It was like he was an expert at it, like he'd practiced it many times.

And then he got on top of me and said that he wanted to make love with me. I said I didn't want to. He said that if I would just let him do it once, he would get up and let me go. I kept saying no, no, no, no, no. But he took his pants off and said that he wouldn't hurt me. I thought he was going to hurt me. I thought he was going to kill me or something. I guess I was really hysterical then in a rational sort of way, because I wasn't screaming or anything. The reason I didn't scream was that I thought that he would beat me up or really hurt me if I did. So I submitted. When he finally let me up, he went to the bathroom.

He had kept saying things like, "Well, why don't you just stay here tonight?" And, "After tonight can we continue to have this kind of a relationship?" So I didn't think he was going to let me go. When he got up, I was preparing to run away, but he was looking straight at me. He had the bathroom door open, and he was sitting on the toilet taking a crap. I asked him if I could get a drink of water, because the kitchen was right near the front door. I

was stark naked. I walked toward the kitchen but instead of going in, I went through the front door. I ran across the hall to the apartment across the way, because I had heard people coming in and out of there, and I just hoped to God they were home. I pounded on the door with all my might, and I screamed at the top of my lungs, "Let me in, let me in. He tried to rape me. He raped me." A tall man came to the door, and as soon as he opened it, I rushed in. There was a girl there, and I ran into her arms.

Please use the following scale in responding to the
statements which appear below. Place the number which best
indicated the extent of your agreement/disagreement on the
line preceding each statement.

1	2	3	4	5	6
Completely Disagree	Disagree	Disagree A Little	Agree A Little	Agree	Completely Agree

1 = Completely Disagree
2 = Disagree
3 = Disagree A Little
4 = Agree A Little
5 = Agree
6 = Completely Agree

___ 1. She knew she didn't get along with him; she should
       not have let him persuade her to go to the picnic
       with him.

___ 2. She should have insisted that he take her home as
       soon as she realized that nobody else was coming to
       the "picnic."

___ 3. She's not assertive enough; she doesn't seem to be
       able to say no or fight back when she has the
       chance.

___ 4. She should not have let him kiss her.

___ 5. She's not self-confident enough to act on her own
       feelings; she's too concerned about appearing
       considerate to others.

___ 6. She's a bad judge of social situations; she can't
       seem to get a handle on what's really going on.

___ 7. Joe was drunk and obnoxious; she should have
       refused to leave Susan's apartment with him.

___ 8. She gives in too easily to men; they are easily
       able to persuade her to do things she really
       doesn't want to do.

___ 9. She's too naive and doesn't seem able to take care
       of herself; she trusts people much too easily.

1	2	3	4	5	6
Completely Disagree	Disagree	Disagree A Little	Agree A Little	Agree	Completely Agree

___ 10. She should not have gone up to his apartment; after how he had acted, she shouldn't have cared about being considerate.

___ 11. She really should have screamed; they were in an apartment building and other people might have heard and helped.

___ 12. She's the kind of person who attracts trouble; she doesn't seem to be fully aware of what's going on around her.

___ 13. Chance played a major role in her being raped.

___ 14. It could have happened to anyone; she was in the wrong place at the wrong time.

___ 15. The rapist was to blame for what happened.

___ 16. The rape really wasn't the fault of the rapist; he couldn't help himself.

___ 17. She will be able to avoid a similar type of rape in the future.

___ 18. She deserved what happened.

___ 19. She is very likely to report this rape to the police and take the rapist to court.

___ 20. She is very likely to sign up for a self-defense course.

APPENDIX C
REVISED JANIS-FIELD FEELINGS OF INADEQUACY SCALE

Please use the following scale in responding to the
statements below. Place the number which best represents
how you feel in the space preceding each statement.

1	2	3	4	5
Very Often	Fairly Often	Sometimes	Once in a Great While	Practically Never

___ 1. How often do you have the feeling there is <u>nothing</u>
you can do well?

___ 2. In general, how confident do you feel about your
abilities? (very confident, fairly confident,
etc.).

___ 3. When you have to talk in front of a class or a
group of people your own age, how afraid or worried
do you usually feel? (e.g., very afraid, fairly
afraid, etc.).

___ 4. When you speak in a class discussion, how sure of
yourself do you feel? (e.g., very sure, fairly
sure, etc.).

___ 5. How sure of yourself do you feel when among
strangers? (e.g., very sure, fairly sure, etc.).

___ 6. How often do you feel that you dislike yourself?

___ 7. How often do you worry about whether other people
like to be with you?

___ 8. How confident do you feel that some day the people
you know will look up to and respect you? (e.g.,
very confident, fairly confident, etc.).

___ 9. How comfortable are you when starting a
conversation with people you don't know? (e.g.,
very comfortable, fairly comfortable, etc.).

1	2	3	4	5
Very Often	Fairly Often	Sometimes	Once in a Great While	Practically Never

___ 10. When you talk in front of a class or group of people your own age, how pleased are you with your own performance? (e.g., very please, fairly pleased, etc.).

___ 11. Do you ever think you area worthless individual?

___ 12. How often do you feel that you are a successful person?

___ 13. How often do you worry about how well you get along with other people?

___ 14. How often do you have the feeling you are doing everything well?

___ 15. How often are you self-conscious?

___ 16. How often do you feel inferior to most of the people you know?

___ 17. Do you ever feel so discouraged with yourself that you wonder whether anything is worthwhile?

___ 18. How confident are you that your success in your future job or career is assured? (e.g., very confident, fairly confident, etc.).

___ 19. How often do you feel that you have handled yourself well at a social gathering?

___ 20. How often are you troubled with shyness?

APPENDIX D
DEMOGRAPHIC INFORMATION QUESTIONNAIRE

1. The last four digits of your social security number

    __ __ __ __

2. Check the appropriate response:

    Male ____
    Female ____

    - - - - - - - - - - -

    Freshman ____
    Sophomore ____
    Junior ____
    Senior ____

Please answer the following questions--your responses are
confidential.

3. Put the appropriate number in the blank:

    How well I know a rape victim? ____

1	2	3	4	5	6
Family Member	Very Close Friend	Friend	Acquaintance	Don't Know Personally	None

4. Number of rape victims I know ____

5. I have been a victim of a rape attack. Yes ____   No ____

Hello. My name is Sandi Faust. I am a doctoral student at the University of Florida. Your instructor has given me permission to let your class be a part of my doctoral research study. When I have completed this study the results will be made available to you, if you would like them. If this study presents an issue to you which you would like to talk to me about individually, you may reach me, Monday through Friday, at the number on the board.

In order to participate, you would need to read and fill out completely a packet of questionnaires I am going to pass out to you. It is important that you do not discuss these questionnaires with anyone other than students who have already participated in this study.

These questionnaires are attitude surveys and personality assessments. There are no right or wrong answers. I am not examining your individual answers, so do not write your name anywhere on the packet. Please read each questionnaire carefully and answer the questions truthfully. Complete and keep the questionnaires in the same order you received them. Answer all of the questions, do not skip any questions. When you have completed the entire packet, please bring the packet up to me. Please do not talk during the time period. If you have a question, raise your hand and I will come around to answer it.

Once again read and answer all the questions. Do not talk to anyone about this study as it may effect the results. I want to thank you and your instructor for your cooperation.

You may begin.

APPENDIX F
BASIC DATA TABLES

Table 15

Distribution of Participating College Student Responses to the Bulman Blame Scale, the Dependent Variable

Response Totals

Question	1 A	1 B	1 C	2 A	2 B	2 C	3 A	3 B	3 C	4 A	4 B	4 C	5 A	5 B	5 C	6 A	6 B	6 C
1	0	1	0	4	4	5	5	5	8	16	12	10	21	19	23	4	9	4
2	0	1	1	4	4	1	6	6	8	13	12	12	17	17	25	10	10	3
3	2	1	1	7	4	8	7	5	5	12	13	12	14	26	19	8	8	5
4	0	0	1	3	9	7	10	5	6	10	13	14	15	15	16	5	13	5
5	0	1	2	5	7	3	8	14	9	10	15	16	9	14	17	3	17	6
6	2	1	0	12	2	3	10	2	1	4	8	18	24	23	24	17	17	1
7	0	3	3	2	7	1	0	4	1	7	6	13	13	15	11	2	2	1
8	1	0	4	11	2	9	5	6	8	4	12	13	11	11	9	5	19	3
9	0	1	0	13	8	9	5	3	7	16	20	16	24	15	25	12	12	4
10	0	1	1	2	3	3	2	8	1	8	9	7	11	13	17	1	3	1
11	0	1	0	20	7	7	6	0	1	9	11	11	8	9	2	3	3	4
12	0	1	8	15	17	21	5	9	4	11	12	7	13	9	14	3	1	7
13	9	8	1	14	11	16	10	0	10	10	8	14	4	4	15	0	1	1
14	5	1	4	5	19	12	7	9	11	5	4	9	9	9	15	14	1	0
15	5	5	29	10	4	3	1	0	2	13	9	8	1	3	20	0	0	1
16	0	1	2	4	15	18	1	5	4	2	1	0	20	18	0	9	11	0
17	35	17	2	13	5	3	2	4	4	2	10	17	12	12	0	0	1	4
18	3	22	5	22	13	14	4	8	1	3	6	7	12	12	11	6	0	0
19	34	4	1	13	15	20	6	11	3	11	4	8	12	12	10	6	5	4
20	3	2	1	5	7	10	6	1	10	17	11	15	15	12	11	4	7	3

1 = Completely disagree; 2 = Disagree; 3 = Disagree a little; 4 = Agree a little; 5 = Agree; 6 = Completely agree.

Table 16

Distribution of Participating College Student Responses to the Rape Myth Acceptance Scale

Question		Response Totals																				
		1			2			3			4			5			6			7		
Group		A	B	C	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C
1		12	13	12	14	14	23	6	8	6	2	3	3	10	9	3	6	2	3	0	1	0
2		0	3	3	3	6	4	2	6	0	1	5	0	5	2	2	20	12	24	20	16	16
3		5	4	5	10	7	6	4	5	3	15	20	16	6	6	9	10	6	10	0	4	1
4		13	6	13	17	17	21	3	5	6	5	8	4	4	7	4	6	9	0	2	0	2
5		5	6	2	17	8	22	5	6	6	4	4	4	12	13	9	4	3	6	3	3	1
6		19	11	18	19	11	22	3	7	0	6	11	7	4	2	2	0	4	0	0	2	1
7		14	8	12	12	17	20	7	4	3	5	4	3	8	12	10	4	3	2	0	3	1
8		9	8	11	18	17	20	8	10	7	2	7	0	9	8	2	4	0	2	4	1	0
9		33	29	26	10	18	19	0	5	1	1	1	4	1	0	3	2	2	2	0	1	2
10		12	18	12	13	16	19	2	1	0	13	9	14	5	5	2	5	1	1	4	0	1
11		18	28	27	16	10	17	2	3	1	6	5	3	4	3	0	3	1	2	2	0	0

1 = Strongly disagree; 2 = Disagree; 3 = Disagree a little; 4 = Not sure; 5 = Agree a little; 6 = Agree; 7 = Strongly agree.

Table 17

Distribution of Participating College Student Responses to the Revised Janis-Field Feelings of Inadequacy Scale

Response Totals

Question	1 A	1 B	1 C	2 A	2 B	2 C	3 A	3 B	3 C	4 A	4 B	4 C	5 A	5 B	5 C
1	0	1	1	5	1	6	25	21	14	13	18	19	7	9	10
2	6	7	11	31	35	25	10	6	12	1	4	1	2	1	1
3	10	13	5	17	20	18	9	8	13	2	3	8	2	5	6
4	7	10	6	28	18	25	16	18	16	3	4	3	3	1	0
5	8	7	4	25	21	5	21	14	11	1	19	2	0	0	1
6	0	2	0	2	2	24	25	16	18	18	17	22	9	13	2
7	1	2	4	7	23	23	8	14	15	14	4	14	9	7	8
8	15	10	14	24	19	3	13	22	19	6	3	3	1	0	1
9	1	15	10	19	19	24	10	7	3	3	12	2	0	0	0
10	1	5	8	34	32	13	3	13	18	2	1	2	2	1	2
11	6	1	0	1	9	18	21	21	11	13	7	10	33	28	34
12	2	3	3	19	17	15	17	23	25	5	7	4	8	6	1
13	1	7	2	10	13	4	23	20	21	4	7	11	0	6	13
14	6	0	0	21	4	5	27	13	13	29	6	7	0	3	0
15	1	1	0	13	1	16	14	14	14	20	13	2	1	0	2
16	1	3	2	5	22	29	6	18	16	0	23	20	11	19	11
17	1	6	1	2	38	10	16	14	9	0	6	12	3	13	18
18	9	12	12	24	22	16	14	9	14	0	0	3	1	2	3
19	10	12	10	38	38	29	6	4	6	0	0	2	3	0	0
20	6	4	7	16	11	10	16	18	20	16	9	7	6	8	7

1 = Very often; 2 = Fairly often; 3 = Sometimes; 4 = Once in a great while; 5 = Practically never.

Table 18

Multiple Regression Analysis Results for Behavioral Blame
for Seven Independent Variables (N=150)

Source		Standard Error	Prob > t
Self-esteem		0.033972	0.5667
Rape myth acceptance		0.040780	0.0054*
Number of friends who are rape victims		0.523587	0.2662
Gender		0.703509	0.3088
Knowledge of rape victim		1.179904	0.8781
Source	DF	F Value	Prob > F
Model	7	1.779	0.0953

* significant at the 0.05 significance level

Table 19

Multiple Regression Analysis Results for Characterological
Blame for Seven Independent Variables (N=150)

Source		Standard Error	Prob > t
Self-esteem		0.041458	0.1211
Rape myth acceptance		0.049765	0.0001*
Number of friends who are rape victims		0.638958	0.4582
Gender		0.858525	0.4628
Knowledge of a rape victim		1.439893	0.3762

Source	DF	F Value	Prob > F
Model	7	5.403	0.0001

* significant at the 0.05 significance level

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BIOGRAPHICAL SKETCH

Sandra K. Faust was born to John and Mary Faust in New London, Conn., on February 3, 1947. She graduated from Grand Ledge High School, Grand Ledge, Michigan, in 1965. Sandra received her Bachelor of Arts degree from Flagler College of St. Augustine, Florida, in 1977. She completed her graduate studies in 1980, when she received her Master of Education and Specialist of Education degrees. Sandra has a 14 year old son, Gregory Smith.

From June, 1978, through December, 1980, Sandra acted as a consultant with the care teams at the Alachua County Suicide and Crisis Center. While employed with the Rape Victim Advocate Program from 1978 through 1981, Sandra became interested in the plight of rape victims. Since February, 1982, she has been working with Project CORE with children who are severely emotionally handicapped, and their families. Sandra is currently working with Project CORE and in private practice in St. Augustine, Florida.

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

Roderick McDavis, Chairman
Professor of Counselor Education

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

Janet J. Larsen
Professor of Counselor Education

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

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